

# Sports Medical Certificate

Surname: \_\_\_\_\_

Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Athlete's Declaration

Before you ask the doctor to sign the certificate please read the following:

1. I am aware that Mountain Trail running is very demanding on the cardiovascular system, the respiratory systems and on the articulations.
2. I am in good health.
3. I will train well for the different trail events throughout the year.
4. I do not suffer from any cardiac problems, chronic muscular, joint or spinal problems or any other medical condition that could put me at risk during a race.

I certify that to the best of my knowledge, the above statements are true.

Athlete's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Doctor \_\_\_\_\_ (Capital letters)

I am a Cardiologist  Sport Medicine Doctor  other  \_\_\_\_\_

**This is to state that I have examined the above named athlete today and that from the information available to me I can state that he/she is fit to take part in MOUNTAIN TRAIL RUNNING including at competitive level.**

Date: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Compulsory Doctor's Stamp:

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