



DODO TRAIL 2019 - SPORT MEDICAL CERTIFICATE

Section to be filled by the participant in capital letters:

Name:

First Names:

Address:

.....

Country of Residence:

Date of Birth :/...../.....

Email : Phone :

STATEMENT OF THE ATHLETE:

1. I am aware that a Trail in the mountains is very demanding on joints, muscles, cardiovascular and respiratory systems.
2. I am in good health and physical condition and I will train enough to maintain my good health and physical conditions for the purpose of participating to Trails.
3. I do not have any heart problems, chronic muscle, joint and back problems or any other medical conditions that could put me at risk during a Trail.

I certify that the above statements are true:

Signature of athlete: **Date:**

DOCTOR'S DECLARATION:

Doctor..... Medical Council registration number:

- Cardiologist
- Sports Physician
- Others.....

This is to certify that I have examined the above named participant today, and that according to the information I have and examination made, I can say that he / she presents no medical contraindications to a race competition, walking endurance, a marathon, a trail or a long hike and is able to participate in any RACE (TRAIL) IN THE MOUNTAINS including at a competitive level.

Date:

Signature and stamp of Doctor