



MEDICAL CERTIFICATE



OMAN DESERT
MARATHON

I, the undersigned, Dr: Phone:

Address:

Certify that : Mr / Mrs / Miss: ...

born: his/her blood type is:

has undergone a thorough clinical examination with a weight of Kg/Lbs,
blood pressure of , a pulse of per minute, a normal electrocardiogram.
This ECG report at rest must be shown along with this certificate.

DOES NOT INDICATE ANY MEDICAL OBJECTION TO RUN A RACE OF 165 KM IN 6 STAGES

Signed in:

Signed and stamped:

Date:

I, the undersigned, the competitor (name, first name):

Allergie:

Medical and surgical case history (confidential document):

Regular or current medical treatment (name of the drug's active principle: the International Common Denomination). This is very important for medical reasons and in the event of doping control.

I declare that the above information is correct.

Signed in:

Signed and stamped:

Date: