



# MEDICAL CERTIFICATE

6th Oman Désert Marathon - November 16-24, 2018



I, the undersigned, Dr:  Phone:

Adress:

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: