



DODO TRAIL 2017 - 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 the Trail in the mountains is very demanding on joints and cardiovascular, respiratory system.
2. I am in good health.
3. I will train enough for different races to which I would participate during the year.
4. 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 race.

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

Date :

Signature and stamp of Doctor