



# UTAT



## MEDICAL CERTIFICATE OF FITNESS

I, the undersigned Dr ..... certify that I have examined this day  
Mrs/Miss/Mr..... Born.....

The clinical examination, to date, does not detect ANY contraindication to his/her participation at the event below \*:

*\*(Check the box corresponding to your patient's participation)*

From the UTAT: Running endurance in **extreme mountain** about 105 km D + 8000 in **altitude** (2400m average, maximum 3690m).

From Marathon de l'Atlas, running in the mountains about 42 km D + 2600 m in altitude (up to 3230 meters).

From the trail of Virée d'Ikkiss , running in the mountains about 26 km D + 1400 m in altitude ( 3000 meters maximum ) .

From Amazigh Trail, running in the mountains about 12 km D + 500 m in altitude ( 3000 meters maximum )

Challenge du Haut Atlas: Marathon de l'Atlas + Virée d'Ikkiss Trail (about 2 days).

Date : .....

Signature and stamp of Doctor :