



MEDICAL CERTIFICATE OF FITNESS

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

Clinical examination does not detect ANY contraindications to the practice *:
**(Check the box corresponding to the intended patient test)*

From the UTAT: Running endurance in **extreme mountain** about 105 km D + 8000 m 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 :