LENCOIS MARANHENSES

BRAZIL RUNNING ADVENTURE RACE

Medical information for the Race Doctor

☐ 160 km non-stop ☐ 100 km in 3 stages ☐ 60 km in 3 stages

Name : .....

First name : .....

Date of birth : / /

Nationality :

Spoken languages :

Medical and surgical history:

Recent or usual medical treatment :

I certify the accuracy of the above information.
Made in : date : / /
Participant's signature :

Medical certificate 2023

I the undersigned doctor . . . . . .
Certify having examined this day
Name : ..... First Name : .....
Born : / / , to have read the race in which my patient will participate and to have noted no apparent contraindication to the practice of running in competition, and in particular no cardio-respiratory pathology, nor any progressive lesion, both musculo- tendon and articular in the lower limbs, contraindicating long-term physical activity.

Date, obligatory stamp and signature of the doctor :