



## MEDICAL FORM: Al Andalus Ultimate Trail 2019 / July 8 – 12, 2019

This medical certificate must be signed and dated no more than 30 days before the start of race. Please complete & return to [info@teamaxarsport.com](mailto:info@teamaxarsport.com) by July 5, 2019. A complete medical form is required for race participation. The race doctor is available for on site exams during registration for a fee of €75.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Weight (kg): \_\_\_\_\_ Blood Type: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Pulse (per/min): \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

Doctor:

\_\_\_\_\_

Address:

\_\_\_\_\_

I, hereby authorize that Mr / Mrs / Miss \_\_\_\_\_ is fit to participate in the 230 km marathon or endurance race in extreme weather conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Stamp: \_\_\_\_\_

\_\_\_\_\_

To be completed by participant:

Allergies: NO YES If yes, describe \_\_\_\_\_

Current Medical treatment and / or medication: NO YES (circle one)

If yes, describe: \_\_\_\_\_

(Please bring prescriptions or sufficient medication for the duration of the stay.)

I, hereby authorize that the above information is correct and current.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward when complete to: [info@teamaxarsport.com](mailto:info@teamaxarsport.com)