



MEDICAL CERTIFICATE

The undersigned Doctor

Address.....

Medical agreement registration number.....

Certify having today duly examined Miss/Madam/Sir:.....
.....

and declare that he/her doesn't show any contraindication with the practice of running in competition in a natural environment, for 5 consecutives stages of 40 km (approximately), with average gain or lost of altitude of 1500 m per day, during the Trail "Costa Rica Trail, La Transtica in Costa Rica.

Date and venue:

Stamp and signature:

Attention please:

This medical certificate must have been issued less than 3 months before the registration date or ideally before the race date



MEDICAL FILE

Name: First Name

Address:

Zip Code: City:Country:.....

Date of birth:...../...../.....

Sex: female male

Full height: Weight (in kilos):..... Blood Group:.....

Medical history: Did you get any medical problem which required elaborate examination, long treatment or hospitalisation?

.....
.....

Surgical history: Have you ever been operated and/or anaesthetised ? If yes, when and why, on which occasions?

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.....

Allergic past records:

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.....
.....

Current treatment: Are you on any kind of medication ? If yes, please specify the treatment?

.....
.....

Do you wear?

- Glasses: Yes No
- Contact Lenses: Yes No
- Prosthesis: Yes No

Do you follow a diet? Yes No

If so which kind of diet:



Are you in conformity with vaccinations?

- DT Polio: Yes Date
 No
- Hepatite A: Yes Date
 No
- Hepatite B: Yes Date
 No
- Others: Yes Date
 No

Do you have first aid knowledge ?

- Yes Which grade ?
- No

COMMENTS:

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.....

IN CASE OF ACCIDENT:

Repatriation contract, medical evacuation N°:

Name of your insurance company:

Phone:

Name of your doctor:

Phone:

Contact name in case of emergency:

Phone:

Date

Signature

Please handwrite the mention « Certified real and true »