



Registration file n° :

Surname :

First name :

Date of birth :

Country :

The certificate is in accordance with french law. However in order to make sure that we treat all the certificates sent from 100 different countries correctly , it is compulsory to use this form, no other will be accepted. This medical certificate has to be filled in, dated and signed by the doctor, who usually stamps it or specifies his professional number (if he is not a french doctor). This certificate must be returned completed **BEFORE MAY 31ST 2022** , by posting a scanned copy in your Runner's File at www.utmbmontblanc.com (the organisation does not accept medical certificates by email or post). Your registration will be cancelled if this certificate is not received by the specified date.

Medical certificate

I hereby doctor (1)

Certifies that the examination of: (2)

Surname : First name :

Date of birth:,

Does not reveal any indication against the practice of running in competition (3)

Date :

Doctor's signature

Stamp of the doctor (or professional number)

FR

(1)Je soussigné docteur

(2)Certifie que l'examen de

(3)ne relève pas de contre-indication à la pratique de l'athlétisme en compétition ou de la course à pied en compétition.