

Royal Raid Mauritius - Sports Medical Certificate

Surname: _____

Names: _____

Date of Birth: _____

Athlete's Declaration

Before you ask the doctor to sign the certificate please read the following:

1. I am aware that Mountain Trail running is very demanding on the cardiovascular system, the respiratory systems and on the articulations.
2. I am in good health.
3. I will train well for the different trail events throughout the year.
4. I do not suffer from any cardiac problems, chronic muscular, joint or spinal problems or any other medical condition that could put me at risk during a race.

I certify that to the best of my knowledge, the above statements are true.

Athlete's signature: _____ Date: _____

Doctor _____ (Capital letters)

I am a Cardiologist Sport Medicine Doctor other _____

This is to state that I have examined the above named athlete today and that from the information available to me I can state that he/she is fit to take part in MOUNTAIN TRAIL RUNNING including at competitive level.

Date: _____

Doctor's Signature: _____

Compulsory Doctor's Stamp:

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