



MEDICAL CERTIFICATE

EVEREST TRAIL RACE 2024

The undersigned, Doctor, Dr.:

Collegiate N^o:

CERTIFIES that Mr. /Ms.:

Born on:

Blood Group:

He / She presents a normal clinical examination, as well as a normal at-rest electrocardiogram, not presenting any medical contraindication that prevents him/her from taking part in a race of 6 days of duration and distances between 20 and 37 km at an altitude of 4,000 m. or more.

Signed by:

Place and Date:

(Medical Signature and Official Stamp)

Participant is informed that submission of this Medical Certificate, is an indispensable condition to take part in the **EVEREST TRAIL RACE** and that it should be given to the race Medical Responsible on the day of technical controls in Kathmandu, together with the original graph of at-rest electro- cardiogram. **Both documents signed and dated within the 30 days prior to the race start.**

A stress test is recommended by the ETR Organization to all participants.

MEDICAL INFORMATION OF PARTICIPANT:

- Name and Surname:
- Allergies:
- Surgical and Medical history:
- Medical Treatment, if exist:

I certify that the Medical information above facilitated.

Signed by:

Place and Date:

(Medical signature)

