



MEDICAL STATEMENT OF FITNESS FOR INTENSE PHYSICAL ACTIVITY

WHO SUBSCRIBES, DOCTOR: .....

MÉDICA/O, DECLARE BASED ON THE MEDICAL EXAMINATION CARRIED

OUT, THAT: .....

PASSPORT: .....

DATE OF BIRTH: .....

DOES NOT PRESENT ANY MEDICAL CONTRAINDICATION FOR THE  
PARTICIPATION IN A MOUNTAIN RACE OF ..... KM DISTANCE.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

STAMP: \_\_\_\_\_