JORDAN RUNNING ADVENTURE RACE

Medical information for the Race Doctor

☐ 185 km non-stop ☐ 100 km in 3 stages ☐ 83 km in 3 stages ☐ 60 km in 3 stages

Name : ……

First name : ……..

Date of birth : / /

Nationality :

Spoken languages :

Medical and surgical history:

Recent or usual medical treatment :

I certify the accuracy of the above information.
Made in : date : / /
Participant's signature :

Medical certificate 2024

I undersigned, doctor . . . . . .
Certify having examined this day
Name : ..... First Name : .....
Born : / / , to have taken knowledge regarding the race in which my patient will participate and to have noted no apparent counter-indication to participate in this competition, and in particular no cardio-respiratory pathology, nor any progressive lesion, neither musculo-tendon nor articular in the lower limbs, contraindicating long-term physical activity.

Date, obligatory stamp and signature of the doctor :