



Registration number:

Surname :

First name :

Date of birth :

The certificate is in accordance with french law. However in order to make sure that we treat all the certificates sent from 50 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 2012**:

- in preference by posting a scanned copy in your Runner's File at www.ultra-trailmb.com
- or by sending it by post to :
Les Trailers du Mont-Blanc, 36 avenue du Savoy, 74400 CHAMONIX, FRANCE.

Your registration will be cancelled if this certificate is not received by the specified date.

Medical certificate

I, the undersigned doctor

Certify that the medical examination of:

Surname: First name:

Born on the:,

Does not reveal any contraindication to the practice of competitive running.

Date : Signature of doctor :

Professional stamp/seal
(or professional number):