



# **EXTREMO SUL**

## ULTRAMARATHON

### Medical Certificate

Athlete's full name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Passport: \_\_\_\_\_

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This certificate is for the purpose of participating in a long-distance trail running event, to be held from November 24 to 26, 2023.

The certificate issued with validity of 1 year from the date of the mentioned test will be accepted as valid.

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Physician Identification (Name) \_\_\_\_\_

License number or sticker: \_\_\_\_\_

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I certify that the athlete mentioned above does not present any impediment to the practice of the race referred to in this certificate.

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Signature and Vignette