



## MEDICAL CERTIFICATE (mandatory)

**Runner or Walker**

*(Delete as appropriate)*

I, Doctor ..... certifies that I have examined on this day  
Mr /Mrs / Miss .....born on the .....,  
living at .....

I have been aware of his/her medical history and confirm that the subject does **not present any medical indications against** participating in the event "Ultra Trail Angkor" and **competing** (the walking or running course) on the Cambodian territory considered under difficult weather conditions on 19<sup>th</sup> -20<sup>th</sup> January 2019.

### Running contest:

- 16 km Trail
- 32 km Trail
- 64 km Trail
- 42 km Marathon Trail Angkor
- Ultra Trail Angkor 128 km (time effort can go beyond 24 hours)

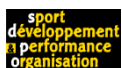
### Walking contest:

- 16 km Nordic Walking
- 16 km Walk and Hike

(Delete as appropriate)

Done at ..... on the .....

Doctor's signature and stamp



**SPORT DEVELOPPEMENT ET PERFORMANCE ORGANISATION**

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