



MEDICAL CERTIFICATE (mandatory)

Runner or Walker

(Delete as appropriate)

I, Doctor certifies that I have examined on this day
Mr /Mrs / Missborn 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 18th -19th January 2020.

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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