

MEDICAL CERTIFICATE FOR TRAIL 100 ANDORRA by UTMB

By means of this report, the undersigned doctor D/D^a: _____

with the ID number _____ registered in the province/country _____.

I declare, that after examining (name and surname of the athlete) _____

With DNI/NIE/passport number _____ and date of birth _____.

I consider that he/she is SUITABLE to participate in the next competition (put a cross in the option in which you are going to compete):

- 2022 Trail 100 Andorra by UTMB – 50Km ____
- 2022 Trail 100 Andorra by UTMB – 105Km ____

Signature and stamp of the doctor:

Place and date:

**This medical certificate must be uploaded to your Active profile where your registration to the race appears (more information in the confirmation email). Once the process is completed your registration will be confirmed in the next update of the Startlist on the event's website.*

***Please note that you must upload this certificate at least one month before the race date.*