



EXTREME MTB MARATHON

PERSONAL MEDICAL FORM

(Completely fill in together with your general practitioner or sports physician)

Name:

First name:

Date of birth:.....

Contact person 1: (bvb. wife, parents, children.... name + mobile nr.)

.....

Contact person 2: (name + mobile nr.)

Doctor: (name & mobile nr.)

Sports doctor :.....

1. Medical history

1.1. Have you already suffered from (or do you suffer from) the following disorders/illnesses?

| disorder | Yes/no | Period | specify | treatment |
|----------------------------|--------|--------|---------|-----------|
| High blood pressure | | | | |
| Diabetes | | | | |
| Lung disease | | | | |
| Heart disease | | | | |
| Liver disease | | | | |
| Kidney disease | | | | |
| hearing or vision disorder | | | | |
| Epilepsy | | | | |
| others | | | | |

1.2. Surgical procedures

Have you already undergone major surgical procedures? Yes No

If "yes", specify, dates

.....
.....
.....

2. Allergies:

Are you allergic to (if yes, please specify):

- Medication:
- nutrition:
- Others:

3. Varia:

Are you currently taking any medication? (also mention pill use) Yes / No

If "Yes", please specify:

Are you pregnant? yes / No

If "Yes", please specify

Do you smoke? yes / No

If "Yes", please specify how much.....

How do you estimate your physical condition? (score from 1 to 10)

4. Clinical research:

Blood pressure, weight, heart and lung auscultation, resting pulse and other relevant clinical findings.

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5. Statement from the general practitioner or sports doctor:

The undersigned, doctor of medicine, declares, after having taken cognizance of all relevant information by the participant-involved with regard to his participation in the RocDuMaroc 2024, that the participant-involved (name and first name) is found to be medically fit to participate in the mountain bike event: RocDuMaroc 2024.

The Participant-involved therefore expressly releases the Organization and its appointee from any contractual and extra-contractual liability as a result of accidents or medical problems that can be associated with the medical certificate signed and stamped by his doctor.

Dr.

..... (signature)

.....(place & date)