



MEDICAL CERTIFICATE

The presentation of this certificate is MANDATORY to check in and withdraw the race kit. This term must be signed up to **90 days before** the date of the event. Failure to submit the certificate will result in automatic cancellation of registration.

I certify that _____,
identification document number _____ and date of birth
____/____/____, based on anamnesis, physical examination, and relevant
complementary exams, currently enjoys physical and mental health that allows
him / her to participate in ultra-tough competition, including 18-hour multisport
activities.

Blood Group (RH factor): _____

Heart Rate at Rest: _____

Allergies (specify): _____

Medication for continuous use: _____

Additional information (relevant): _____

Place

____/____/____
Date

Athlete Signature

Doctor Signature and registration

This certificates is based on definitions from Brazilian Sports Medicine Society

In case of emergency, contact: _____ Phone: _____