MEDICAL CERTIFICATE | EL CRUCE 2024



Through this document, I certify that the patied with ID				
history is in my possession, has been clinically result of said examination, is fit to take part in long as there are no signs of cardiac alteration prevent them from engaging in high-demand placing the effort involved in participating in the event.	y examined on the d the trail running com ns and/or illnesses a physical activity in th	ate of today an petition calle nd/or any typ e mountains,	and, according to d El Cruce 2024 e of illnesses tha living in camps, a	the as t may
"I issue this certificate in the city of of 2				of El
Cruce 2024."	·		J	
Observations:				
Participant's Signature:				
Clarification:			_	
Passport number :				

Physician's Signature and Stamp:_____