MEDICAL CERTIFICATE | EL CRUCE

Through this document, I certify that the patient.....
with ID ..... of .....years, whose medical history is in my possession, has been clinically examined on the date of today and, according to the result of said examination, is fit to take part in the trail running competition called El Cruce as long as there are no signs of cardiac alterations and/or illnesses and/or any type of illnesses that may prevent them from engaging in high-demand physical activity in the mountains, living in camps, and facing the effort involved in participating in the 3-day stage race comprising the aforementioned event.

"I issue this certificate in the city of ..... on the ..... day of ..... of 202.....
to be presented before the **organization of El Cruce."**

Observations:

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

Participant's Signature:_____

Clarification: _____
Passport number : _____

Physician's Signature and Stamp:_____