



Participant's Detail:

Date Format: [DD-MM-YYYY](#))

Family Name:	
First Name:	
D.O.B:	
Country:	

This is a compulsory form - no modification will be accepted. This medical certificate has to be filled in, dated and signed by the doctor, who usually stamps it or specifies his professional number. This certificate must be prepared and sent **BEFORE 1ST NOVEMBER 2025**, by sending a filled or scanned copy at: eventmanager@everestmarathon.com
Your registration will be cancelled if this certificate is not received by the specified date

MEDICAL CERTIFICATE

I hereby, Doctor _____

Certify that the examination of:

Family Name: _____ First Name: _____

Date of Examination: _____

Does not reveal any indication against the practice of running Winter Everest Marathon on 1st November 2025. He/ She is healthy and shows no sign that might bring discomfort at High Altitude.

Doctor's signature	Stamp of the doctor (or professional number)