

**MEDICAL CERTIFICATE OF NOTCONTRAINDICTION FOR PRACTICE  
ON FOOT ULTRADISTANCE RACE**

The undersigned. Dr. \_\_\_\_\_

With chartered number \_\_\_\_\_

Certify having examined \_\_\_\_\_

With ID number \_\_\_\_\_

And declare have not found any contraindication for the participation in a mountain ultradistance race on foot.

/ /

DATE

STAMP

DOCTOR SIGNATURE

**IMPORTANT:**

- The maximum admissible age/length of the medical report will be one year from the date of the race
- For the assignment of the bib race it is necessary this document.
- None of the registered runners will participate in the race without the previous presentation of this document correctly filled before **March 1, 2026**.
- This document must be uploaded on the website **[www.penyagolosatrails.com](http://www.penyagolosatrails.com)**.

The organization will not accept any documents sent by post, e-mail, fax...  
The organization will not accept any manipulated or falsified document.

**NOT  
JUST A  
STONE**