

MEDICAL CERTIFICATE

I, the undersigned, Doctor.....

Hereby certify that Mr / Miss / Mrs (strike out the inappropriate title)

Surname:

First Name:

Date of birth:// 19.....

Has no contraindication as of today for participating in:

- competition cycling
- competition athletics

I also certify that he/she is able to take part in the following events during the Merrell Oxygen Challenge (13-16 May 2010):

- | | |
|--|--|
| <input type="checkbox"/> Trail Prologue – Uphill Race | <input type="checkbox"/> MTB Prologue – 2,9 km |
| <input type="checkbox"/> Endurance Trail Traking 24 km | <input type="checkbox"/> MTB Endurance 36 km |
| <input type="checkbox"/> 70-km Trail | <input type="checkbox"/> MTB Marathon 84 km |
| <input type="checkbox"/> 45-km Trail | <input type="checkbox"/> 52-km MTB Cross-country |
| <input type="checkbox"/> 20-km Trail | <input type="checkbox"/> 25-km MTB Cross-country |
| <input type="checkbox"/> 10-km Trail | |
|
 | |
| <input type="checkbox"/> Orienteering Prologue – Sprint | |
| <input type="checkbox"/> Orienteering Score Race | |
| <input type="checkbox"/> Orienteering-Endurance | |
| <input type="checkbox"/> Orienteering Medium Distance | |

Where Trail Prologue is concerned:

I also state that a resting electrocardiogram has been carried out and certify that the results enable him/her to take part in the Trail Prologue.

Date://

Doctor's mandatory stamp and signature: