

# HAUT®

## MEDICAL CERTIFICATE

**I, Dr \_\_\_\_\_, certify that**  
**after                      the                      examination                      of**

**Mr./Mrs./Miss: \_\_\_\_\_**

**Date of birth : \_\_\_\_\_**

**Presents no medical contraindication to taking part**  
**in competition of the long distance mountainous**  
**trails.**

**Certificate issued at : \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Physician's signature :**