



Recce Mission Medical Declaration

PARTICIPANT DETAIL

Surname: _____

Name: _____

ID / Passport No.: _____

No Date of Birth: ____/____/____

Medical Aid Name: _____

Medical Plan: _____

Medical Aid No.: _____

Next-of-kin: _____

Contact No.: _____

STATEMENT BY MEDICAL PRACTITIONER

According to the results of medical check-up and examinations, the Participant is healthy and currently fit for competitive sports in general and fit to compete in the Recce Trail Mission 100 (ultra-trail), the Recce MTB Mission 220 (ultra-mountain biking) or the Recce Dual Mission 185 (ultra trail & mountain biking) event on 18 & 19 May 2019.

Date Completed: ____/____/____

(This certificate must not be older than 3 months and must be valid at least until 18/05/2019)

Doctor's Name: _____ Pr. No.: _____

Address of Practice: _____

Email: _____ Phone No.: _____

Signed by Doctor: _____

STATEMENT BY PARTICIPANT

I affirm also that I do not suffer from any disability, injury, condition, or complaint that I have not disclosed to my Medical Practitioner. I further recognize the importance of fully and accurately disclosing my physical conditions, past and present, to the Recce Mission organizers.

____/____/____

PARTICIPANT SIGNATURE**DATE**

NOTE: The information contained in this medical declaration form will only be used by the Recce Mission organizers for purposes of determining if you pose a health threat / risk to yourself during the Recce Mission event. This information will remain confidential at all times.