



MEDICAL AND FITNESS REPORT



This is a sample format, but you may submit a certificate from your local practitioner as long as it includes all required information.

IMPORTANT: To participate in Andalusian long-distance events, you must present an official medical certificate issued **within six months** of the event, confirming you are fit for competitive mountain running.

TO BE COMPLETED BY THE PARTICIPANT

| | |
|--------------------|---------------------------|
| Name: | Date of Birth: |
| Family name: | NIE / Passport No,: |

TO BE COMPLETED BY THE PHYSICIAN

| | |
|--|--|
| By means of this report, the physician with the registration number.....states that with passport number..... does not present any contraindication to participating in Marbella Epic Trail (MET) race. | |
| S.D. (signature and stamp of the physician) | In....., datemonthyear 20..... |

MEDICAL DATA TO BE FILLED IN: (BY PHYSICIAN / PARTICIPANT)

| |
|--|
| Allergies (especially if you have had an episode of anaphylaxis)..... |
| HTA..... DM..... Dyslipidemias..... Smoker or ex-smoker..... Weight..... Height..... |
| Family history of ischemic heart disease |
| Family history of sudden death |
| Have you ever presented syncope with exercise?..... |
| Do you have any other significant illness? |
| Do you take any regular treatment? Indicate which |
| Resting heart rate Blood pressure at rest: Systolic Diastolic |
| Have any murmurs been identified on cardiac auscultation? |

OPTIONAL DATA: (RECOMMENDED BY THE ORGANISERS)

| |
|---|
| Has echocardiography been performed? If pathological, indicate reason |
| Has a stress test been performed? If pathological, indicate reason |
| Blood group/Rh: |

OBSERVATIONS:

| | |
|---|--------------------------------------|
| <p>We inform you that your personal data will be processed by HOSPITAL QUIRÓN SALUD MARBELLA for the purpose of managing the organisation of the sporting event and in general for those purposes related to the management and organisation of the sporting event, as well as for statistical purposes to contribute to better organisation of the event. We inform you that in order to carry out these tasks it is necessary for your data to be transferred to medical professionals directly related to the data controller, as well as to Public Bodies and insurance companies when appropriate. These data processing operations are necessary for the correct organisation of the sporting event and for the satisfaction of the legitimate interests pursued by both parties, being further legitimised by the consent given by you.</p> <p>Failure to provide this unequivocal consent will result in the impossibility of participating in the event. Likewise, we inform you that Sierra Blanca Events Group SL is responsible for the processing in accordance with the GDPR and LOPDGDD, in order to maintain a business relationship and keep the data for no longer than necessary for this purpose. Data will be communicated to third parties only in the cases foreseen above and focused on the correct provision of the service, with the maximum-security guarantees. No data will be transferred to other third parties, unless legally obliged to do so. You can exercise your rights of access, rectification, portability, deletion, limitation and opposition at CALLE SAN BERNABE, - 29603 MARBELLA (Málaga). Email: visit@sierrablancamarbella.com and the right to complain to www.aepd.es.</p> | SIGNATURE OF THE PARTICIPANT: |
|---|--------------------------------------|