

Calico Racing



...the Cat's meow in sport

**MEDICAL CERTIFICATE**

**VEGAS VALLEY VOYAGE**

Participant Name: \_\_\_\_\_  
Participant Date of Birth: \_\_\_\_\_  
Participant Age on May 10, 2018: \_\_\_\_\_  
Health Insurance Carrier; Phone #; Policy Number: \_\_\_\_\_

I, the undersigned Dr. \_\_\_\_\_, Doctor of Medicine, understand that the above named participant will be competing in the Vegas Valley Voyage Stage Footrace which covers rugged terrain in a desert environment, and will require the participant to run or walk to traverse (check one) \_\_\_\_\_ 150 miles over 6 days or \_\_\_\_\_ 80 miles over 3 days. I have completed a physical evaluation of the above named participant on \_\_\_\_\_ (date) and certify that:

Please check the relevant line:

(A) \_\_\_\_\_ The participant patient is in good general health and there are no specific medical issues to report to Event Medical Staff.

(B) \_\_\_\_\_ The participant patient has a medical issue(s) that the Event Medical Staff should be aware of. These are listed below. Please attach relevant documentation/ test results (i.e. EKGs, X-rays, or surgical reports).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

(B2) If "B" above was checked, please check the relevant follow up statement:

(B2a) \_\_\_\_\_ In consideration of the above stated medical issues, I as a medical professional, opine that the above named participant is still in good physical condition to compete in the Vegas Valley Voyage Stage Footrace.

(B2b) \_\_\_\_\_ In consideration of the above stated medical issues, I as a medical professional, opine that the above named participant is *NOT* in the physical condition to compete in the Vegas Valley Voyage Stage Footrace.

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's License Number and State, or equivalent: \_\_\_\_\_