



Tenzing-Hillary Everest Marathon

Participant's Detail:

Family Name:	
First Name:	
D.O.B:	(MM-DD-YYYY)
Country:	

This is a compulsory form - no modification will be accepted. This medical certificate has to be filled in, dated and signed by the doctor, who usually stamps it or specifies his professional number. This certificate must be prepared and sent BEFORE 29TH APRIL 2020, by sending a filled or scanned copy at:

eventmanager@everestmarathon.com

Your registration will be cancelled if this certificate is not received by the specified date

MEDICAL CERTIFICATE

I hereby, Doctor _____

Certify that the examination of:

Family Name: _____ First Name: _____

Date of Birth: _____ (MM-DD-YYYY)

Does not reveal any indication against the practice of running Tenzing-Hillary Everest Marathon on 29th May 2020. He/ She is healthy and shows no sign that might bring discomfort at High Altitude.

Doctor's signature	Stamp of the doctor (or professional number)

Event Organiser : HIMALAYA Expeditions Nepal

"Nuwakott Ghar" Sanepa Chowk, Lalitpur - 2, Kathmandu, Nepal

Tel: (01) 5545 900, 5544 999 | Fax: (01) 5526 575 / 5549 682

E-mail: TenzingHillary@EverestMarathon.com | Website: www.EverestMarathon.com