



TRANS MARATHON SAHARA MOROCCO

CERTIFICATE MEDICAL COMPULSORY

Dear Participants,

This form must be filled in and signed by you **and your doctor** and returned to us by email ahansalevents@gmail.com or you will not be permitted to race.

PLEASE do not omit anything on this form. Failure to disclose medical information on this form may result in you not being able to race or in an immediate disqualification.

You may be contacted by the Race Doctor in advance of the race start to discuss any potential medical issues you may have.

By submitting this form you are assumed to consent to Ahansal Events medical team contacting you or your doctor for more information in strict confidence.

Section 1 (To be completed by the EVENT participant).

Participant's Name: _____

Age on race day: _____ Sex: M F DOB (dd/mm/yyyy): _____

Allergies: NO / YES (delete as applicable)

If yes, describe _____

1.) Are you currently taking any prescription or over the counter medications, supplements, or vitamins? Y N

If YES -(Please bring prescriptions or sufficient medication for the duration of the stay.)
Details: (continue below if needed)

2.) Do you have any current injury? Y N

3.) Do you have any current illness? Y N

3.) What is your current weight with race clothes and shoes? _____ kg

4.) Emergency contact during the race (not racing with you) Name/Relationship: _____

Phone number with Country Code: _____

I hereby authorize that the above information is correct and current.

Participant Signature: _____ Date: _____

Dear Doctor,

Thank you for filling in this form with your patient. You must be the regular Physician or General Practitioner of the person who signed this form and have access to their medical records.

Your patient has signed up to race the Trans Sahara Marathon; a 150 km staged foot race in the desert of Zagora, Morocco. Participants will engage in strenuous, extended physical exertion through desert terrain in a temperate climate that may be very hot or have variable weather conditions. Locations will be remote, and access to health care limited.

We respectfully request your assistance in ensuring the health and safety of both participants and race staff by addressing the following pre-participation requirements:

1. Complete this pre- participation form in coordination with an appropriate history, physical examination, and any additional diagnostics deemed relevant by you.
2. Ensure up-to-date immunization status for this location (specifically tetanus within 5 years).
3. Ensure an adequate supply of all current medications.
4. Food and water borne illness is possible with travel. Please provide appropriate counseling and prescription medications for patient-directed recognition and treatment of common GI illnesses among travelers and common ultra-running symptoms such as nausea. We recommend azithromycin 500mg (2 tabs), loperamide 2mg (10 tabs), and ondansetron 4mg (10 orally disintegrating tabs).
5. Provide appropriate counseling for the prevention of race/environmental related illnesses (ie. sunburn, heat stress and heat illness, dehydration, electrolyte imbalance, etc).

Blood Pressure: _____ Pulse (per/min): _____

Comments:

Doctor's name:

Address:

Doctor's telephone number _____

Doctor's email address (if possible) _____

I have earnestly examined my patient's health history and physical condition and specifically reviewed the pre-participation letter from the race medical director and have provided counseling and prescriptions where appropriate. Thus I declare

that _____ is fit
to participate in the 150 km multi day endurance running race in potentially extreme weather conditions.

Signature: _____ Date: _____

Stamp: _____

Please forward when complete to: ahansalevents@gmail.com