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ehm / g2h / mmm

medical and race fitness report

2019

To be filled in by the runner:

First name: ..... Date of birth: .....

Last name: ..... ID number: .....

To be filled in by the practitioner:

Through this document, Doctor ..... (practitioner's name), with Registration Number ....., certifies that .....(runner´s name), with ID number .....,

has no contraindication to participate in the race indicated below: *(mark with an X)*

☐ **ehunmilak** ☐ **goierriko2haundiak** ☐ **marimurumendi**

Signed by: *(signature and stamp of the practitioner)*

....., ... 20.....

Medical data to be completed: *(by the practitioner or runner)*
It is **mandatory** to attach a 12-derivation ECG at rest (date, patient identification, signature and stamp of the practitioner)

- Known allergies (especially if an episode of anaphylaxis occurred):.....
- HBP..... Diabetes..... Dyslipemia..... Active or former smoker..... Weight..... Height.....
- Family history of ischemic heart disease .....
- Family history of sudden death .....
- Has he/she ever suffered any episodes of syncope during exercise? .....
- Does the runner have any other important illnesses? .....
- Does the runner take regular treatment? If so, which one? .....
- Heart rate at rest: ..... Blood pressure at rest: Systholic ..... Dyastholic .....
- Has auscultation shown any heart murmur? .....

Optional data: *(recomended by the organization)*

- Any echocardiography performed?..... Mention pathological findings, if present.....
- Any stress test performed? ..... Mention pathological findings, if present.....
- Blood type/Rh: .....

Comments:

We inform you that your personal data will be processed by **BEASAINGO ARRASTAKA MENDI KIROL TALDEA** in order to manage the organisation of the sporting competition and, generally for those purposes relating to the management and organisation of the sporting event, and for statistical purposes, to help to ensure better organisation of the event. We inform you that, in order to carry out these procedures, it is necessary for your data to be transferred to medical professionals directly associated with the data controller, and to public bodies and insurance companies when appropriate. This data processing is necessary to ensure the proper organisation of the activity and for the purposes of the legitimate interests pursued by both parties, also legally authorised by the consent given by you during registration. A failure to give this unequivocal consent will lead to you not being allowed to participate in the event. Additionally, we inform you that your data will be retained for the duration of the relationship or for the legally established period. You may exercise your rights of correction, cancellation, objection, portability and restriction of the processing of your data by writing to Beasaingo Arrastaka Mendi Kirol Taldea, Antzizar Kiroldegia C/ Igartza Oleta, 3; 20200 Beasain (Gipuzkoa) or to **info@ehunmilak.com** , for the attention of the Data Controller, attaching a copy of your ID card, duly proving your identity. In any event, you have the right to file a complaint with the Spanish Data Protection Agency (AEPD).

Signature of the runner: