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inskripzioak@ehunmilak.com medical and race fitness report

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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
name), with Registration Number, certifies tha
(runner's name), with ID number,
has no contraindication to participate in the race indicated below: (mark with an X)
ehunmilak 168 km goierriko2haundiak 88 km marimurumendi 42 km
Signed by: (signature and stamp of the practitioner)
Cigilia 241 (signature and stamp of the productions)
 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:

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 Beasain (Gipuzkoa) or to **info@ehunmilak.com**, for the attention of the pacagon of your ID card, duly proving your identity. In any event, you have the ight to file a complaint with the Spanish 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: