

Section 2 (To be completed by the EVENT participant).

Have you been vaccinated against COVID

Y N

If so, name of the vaccine:

date of vaccination :

If not:- view the government guidelines before departure

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 **TZT MERZOUGA** (from October 11 to October 18, 2024), a 200 km staged foot race in the desert of **Merzouga**, 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, for example blood tests, ECG,
2. Ensure up-to-date immunization status for this location (specifically tetanus and covid vaccination).
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)
5. Provide appropriate counseling for the prevention of race/environmental related illnesses (ie. sunburn, heat stress and heat illness, dehydration, electrolyte imbalance, etc).

Comments by the doctor :

Doctor's name:

Address:

Doctor's telephone number :

Doctor's email address (if possible) :

Conclusion :-

I have earnestly examined my patient, his 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 200 km multi day endurance running race in potentially extreme weather conditions.

Signature:

Date:

Stamp

Please forward when complete to: info@transzagoratrail.com