Tenzing-Hillary Everest Marathon

29 May 2026

Participant's Detail:

Date Format: (DD-MM-YYYY)

Family Name:	
First Name:	
D.O.B:	
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 stamps it or specifies his professional number. This certificate must be prepared and sent **BEFORE 29TH APRIL 2026**, by sending a filled or scanned copy at:

tenzing.hillary@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 Examination: _____

Doctor's Note: _____

_____

Does not reveal any indication against running Tenzing Hillary Everest Marathon on 29th May 2026.

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)

* Click on above boxes to attach signature & stamp.