



**\*\*This form is to be completed AFTER the 1st March, 2024 and emailed to [medical@simpsondesertultra.com](mailto:medical@simpsondesertultra.com).**

Dear Doctor,

The person giving you this certificate is a participant entered in the upcoming Simpson Desert Ultra to be held on the 1st & 2nd of June, 2024. The event includes distances of 25km, 50km, 75km and 100km and will traverse an off-road course across sand dunes, as well as both rocky and smooth flat surfaces. It is a physically demanding event that will have a team of doctors, paramedics and nurses on site. There is a nursing clinic in Birdsville that is approximately 35km from the event course and the nearest hospital is in Mt. Isa, approximately 700km away.

Please carry out a physical examination of the participant and certify that their condition is suitable for the remote and demanding nature of this event.

To be filled out by the examining Doctor:

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Event Distance: (please circle) 25km    25km+25km    50k    75k    100k

I, Dr. \_\_\_\_\_ of (practice) \_\_\_\_\_ have carried

out a physical examination of the runner named above and certify that:

- The patient is in good health and there are no medical issues I have identified that would preclude his/her participation in the Simpson Desert Ultra

Or

- The patient is fit to participate in the Simpson Desert Ultra with the following recommendations: Please provide full details of procedures, medications, warnings etc. necessary for patient and/or support staff:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Or

- It is my recommendation that the patient does not participate in the Simpson Desert Ultra.

Doctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DOCTOR'S OFFICE STAMP REQUIRED BELOW**