



**APRIL 5-7, 2019**

Enrolment file N° (\*):  
Family name:  
First name:  
Date of birth:  
Identification N° / Passport N°:  
Country of residence:  
Mobile phone:  
Email:

The certificate is in accordance with argentine law. However, in order to make sure that we treat all the certificates sent from different countries correctly, it is compulsory to use this form, no other will be accepted. This medical certificate has to be filled in, dated and signed by the doctor, who should stamp it and/or specify his professional number. This certificate must be returned complete **BEFORE MARCH 16TH 2019**, by posting a scanned copy via the registration portal in [www.ushuaiabyutmb.com](http://www.ushuaiabyutmb.com) (the organisation does not accept medical certificates by email or post). Your registration will be cancelled if this certificate is not received by the specified date.

### Medical certificate

I hereby, Doctor .....[doctor's full name],

**Certify that the examination of:**

Family name: ..... First name: .....

..... Date of birth: .....[DD/MM/YYYY]

Identification N° (DNI) / Passport N°: .....

**Does not reveal any indication against the practice of running in competition and, as a consequence, he/she is psychophysically unrestricted to compete on April 5-7 2019 in the mountain trail race called "Ushuaia By UTMB®" for any of the distances (35km, 50km, 70km or 130km (\*\*)).**

Date [DD/MM/YYYY]:. ....

This medical certification will be valid until: Date [DD/MM/YYYY]: . ....

Further observations:. ....

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\_\_\_\_\_  
Doctor's signature and doctor's stamp  
(and/or professional number)

\_\_\_\_\_  
Participant's full name, signature and  
DNI/Passport N°

(\* ) Registration number that the participant obtains when registering online for UshuaiabyUTMB®.

(\*\*) The technical information of the races (kilometers, positive cumulative gain, type of landscapes and climatology) is available at [www.ushuaiabyutmb.com](http://www.ushuaiabyutmb.com).