

➔ MEDICAL CERTIFICATE 2023

MEDICAL CERTIFICATE

‘Ultra Trail del Aconcagua’ is a challenge par excellence. Its demanding course, with Cerro Aconcagua as its background, has an altimetry over 4500 meters above sea level. ‘Ultra Trail del Aconcagua’ is an international Trail and ultra-trail competition taking place in Aconcagua Provincial Park, in the Province of Mendoza.

MEDICAL CERTIFICATE

I, the undersigned Dr _____, Doctor of Medicine, Certify that the examination of Mr/Ms _____ Date of birth: _____

I.D.: _____ reveals no contraindications for participating in the following running competition

Ultra Trail del Aconcagua, distance kms. (complete with appropriate distance)

Mr/Ms reveals no contraindications to participate in this even, which is potentially dangerous. They are aware of all risks related to it, namely high-altitude sickness, falls, accidents, sickness, conditions related to extreme weather conditions including low temperature, winds and or rain, road traffic and road conditions.

RUNNER’S NAME

RUNNER’S I.D.:

DOCTOR’S SIGNATURE:

DOCTOR’S STAMP:



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MEDICAL CHART

Last Name/s

Name/s:

I.D/ R.U.T./ Passport:

Sex: Age:

Date of birth:

Address: Department:

Province: Country:

cellphone (mandatory):

Phone Number:

E-mail:

Emergency contact:

Relationship:

Contact´s phone number:

Medical health Insurance:

Blood type:

Allergies:

Recent or chronic medication:

Tobacco use (nº cigarettes per day):

Alcohol use:

Past illnesses:

History of Trauma (sprains, fractures, muscular injuries):

Operations / Hospital entries:

Tetanus shot:

High altitude sickness history:

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Do you have any medical condition which might be affected by this competition?

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A). Information supplied in this questionnaire is vital if the runner should require medical help. It must be answered personally, accurately and truthfully. This information will be private and will only be revealed to guarantee safe medic or paramedic attention.

B). I hereby certify I am not and have not been prevented from practicing any sport for medical reasons. I authorize any qualified professional, appointed by the Organization, to carry on any medical or surgical procedure, including blood transfusions, in case of emergency.

PARTICIPANT'S NAME

PARTICIPANT'S I.D.