



I hereby certify that ..... ID/ Passport N° ..... is medically cleared to participate in Patagonia Run 2022, on April 7<sup>th</sup>, 8<sup>th</sup> and/or 9<sup>th</sup>, in the following distance:  10k /  21k /  42k /  70k /  110k /  100 Miles /  PRVertical Race.  
(Available info on race course, altimetry, terrain and weather in [www.patagoniarun.com](http://www.patagoniarun.com) )

Place and Date: .....  
[Date must be between 02/07/2022 and 04/08/2022]

This medical clearance shall be valid until (date) ..... / ..... /..... (dd/mm/yyyy)

Observations:

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Physician's Seal - Signature - License Number

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Participant's Signature and ID