

**MEDICAL CERTIFICATE**

I, the undersigned Dr \_\_\_\_\_, Doctor of Medicine,

hereby certify that the examination of

Mr/Ms \_\_\_\_\_ Date of birth: \_\_\_\_\_

reveals no any obvious reason why they should not take part in a competitive swimming event for a distance (one mile/double mile).

(underline whatever applicable).

Doctor's sign: \_\_\_\_\_

Date: \_\_\_\_\_

Medical certificate issued by

(institution): \_\_\_\_\_

Doctor's Stamp

Medical institution's

Stamp: