

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: