

MEDICAL CERTIFICATE

Location.....

Date/...../.....

I, the undersigned, Dr.,doctor of medicine,

CERTIFY that

Mr./Mrs./Ms./Miss, born on (date) of

(month), (year) is in good health and physically and mentally conditioned to participate in the

“ SWIMTHEISLAND “, Open Water Swimming competition on 5th October, 2014.

Certificate Issued in:

Date:

Doctor's Stamp & Signature: