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 SIRMIONE “, Open Water Swimming competition on 23rd June, 2019

☐LONG SWIM 3.2km

☐SHORT SWIM 1.8km

Certificate Issued in: ……………………………………………………………………………………….

Date: ………………………………………

Doctor’s Stamp & Signature: …………………………………………………………………………..