

Medical Certificate

To be filled by the participant –

First Name _____ Surname _____

Address _____

Town _____ City _____

Country _____ Tel No _____

Emergency Contact No _____ Emergency Contact Person Name _____

_____.

To be filled by your GP/Doctor/Medical Practitioner_

I the undersigned _____ Doctor of Medicine see no reason that the above participant, on examination, can not take part in competitive Or Non-competitive _____

_____.

Date _____

Signature _____