Medical Certificate

To be filled by the participant

First Name _____ Surname _____

Address _____

_____

Town _____ Country _____

Tel No _____ Mobile No _____

Emergency contact Person Name _____

Emergency contact Number _____

To be filled by 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 _____.

Doctor Stamp

Doctor Signature

_____

Date _____

This document is only valid for one year from the above date