

# MEDICAL CERTIFICATE

## Competitive sport activity

**TO BE COMPLETED BY A DOCTOR/LICENSED PRACTITIONER:** *Please provide the information below. It is compulsory to fill out every part of this form (or another authentic doctor's note filled out and stamped by a specialist).*

I, the undersigned, Dr. (licensed physician) .....,  
on the basis of the medical examination: a blood test / an  
electrocardiogram (etc.) .....  
.....**CERTIFY that**

Mr./Mrs./Ms./Miss  
..... - born on  
..... in ..... resident in  
..... address..... can  
practice competitive Swimming activity. This means that he/she is  
physically and mentally able to participate in the "OCEANMAN Lac  
Leman", which is a long distance Open Water Swimming race with a high  
cardio-vascular effort, to be held place on 8<sup>nd</sup> of September 2019.

This certificate is valid for .....(days) and will  
expire on ..... (*must be valid on the day of the event*).

**Location:** .....

**Date:** .....

**Doctor's Stamp &**

**Signature:**.....