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 8nd 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:.....

Send to switzerland@oceanman-openwater.com