



MEDICAL CERTIFICATE

Of suitability and fitness for purposes of practising competitive Triathlon abroad.

First Name _____ Surname _____

Address _____

Town _____

Country _____

Tel _____ Mobile _____

Emergency Contact name: _____

Emergency Contact N° : _____

To be filled by your GP/Doctor/Medical Practitioner :

I the undersigned, _____

Doctor of Medicine, see no reason that the above participant, on examination, cannot take part in competitive or non-competitive Triathlon event.

Doctor Stamp

Doctor Signature

Date :

The document must be less than one year from the above date.