MEDICAL CERTIFICATE

Location……………………………………….

Date …………../……………./………………

I, the undersigned, Dr ...…………………………………………………………………, doctor of medicine,

CERTIFY that

Mr./Mrs./Ms./Miss …………………………………………………………………….., born on …………. (date) of …………………. (month), ………….. (year) is in good health and physically and mentally conditioned to participate in the “GARMIN WE TRI “, competition on 1st – 2nd – 3rd  JUNE, 2018

☐WE TRI 3.8km (Swim) + 180km (Bike) + 42km (run)

☐WE TRI 1.9km (Swim) + 90km (Bike) + 21km (Run)

☐WE RELAY 3.8km (Swim) + 180km (Bike) + 42km (run)

☐WE RELAY 1.9km (Swim) + 90km (Bike) + 21km (Run)

☐WE SWIM 3.8km (Swim)

☐WE SWIM 1.9km (Swim)

☐WE BIKE 180km (Bike)

☐WE SWIM 90km (Bike)

☐WE RUN 42km (run)

☐WE RUN 21km (Run)

Certificate Issued in: ……………………………………………………………………………………….

Date: ………………………………………

Doctor’s Stamp & Signature: …………………………………………………………………………..