

**MEDICAL CERTIFICATE**

**( To be issued by a Cardiologist)**

I hereby certify that I have examined ..... aged .....years  
bearing the following identification marks:

1. ....

2. ....

and find him/ her to be free of any cardiac condition that would make him/ her unfit for intense physical  
training.

Place .....

Date.....

Signature.....

Name .....

Reg No. ....

Address .....

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