

# **BUTTERFLY SWIMMING ACADEMY**

## **MEDICAL CERTIFICATE**

I certify that I have carefully examined Master/Miss \_\_\_\_\_  
and I have found him/ her to be fully fit to participate in Swimming, and he / she does  
not have any health condition like epilepsy, cardiological problems, respiratory issues,  
skin infections or severe asthma that will prevent him / her from Swimming.

Signature of Registered Medical Practitioner

Regd. No. \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_