



Confirmation By Medical Referee For Open Water Swimming Applicant To Take Part In Lyme Splash

For completion by Medical Referee if applicant answers YES to any question in PART B to Register to take part in Lyme Splash 3.15k open water sea swim.

Name of Swimming applicant: _____

Address: _____

DOB: _____

Please tick one:

- In light of verbal statements made to me I hereby endorse this self-declaration form on behalf of the applicant
- Having examined the applicant, I have issued a Certificate of Fitness to Open Water Swimming to take part in the Lyme Regis to Charmouth Challenge 3.15k sea swim

Signature of Medical Referee: _____

Print Name: _____

GMC number: _____

Date: _____

Certificate of Fitness to Open Water Swimming: ISSUED / NOT ISSUED (*please circle*)

When completed please:

Email to: info@lyme-splash.com

Or

Post to: Lyme Splash, Shutters, Clappentail Lane, DT7 3LZ