

I, the undersigned, Doctor : _____
Address : _____
Country : _____
Phone : _____
E-mail : _____

Confirm that I have examined, _____ (Full Name of Wrestler)
born on _____ (yyyy/mm/dd) and being _____ years old, and can confirm that
he/she is fit to participate in the Senior Age Category ie. From 20 Years

Date
(Day/Month/Year)

Doctor's Signature

Doctor's Stamp