

## MEDICAL CERTIFICATE

This is to verify that Master/Miss/Mr/Mrs  
\_\_\_\_\_ who is registered for the Transplant Games underwent  
\_\_\_\_\_ transplantation on \_\_\_\_\_.  
He/She is on regular follow up with me/ our medical team  
at \_\_\_\_\_. His/her last follow up was on  
\_\_\_\_\_. He/ she is fit to participate in the games.

Thanking You

Date

Doctor's Signature

Place

Seal