



2025 Application No : 250522

Name Surname : VIALETTA HAIDUK

### EXAMINATION BY DOCTOR

I hereby certify based on self declarations of candidate contestant wanting to participate in “Bosphorus Cross Continental Swimming Race” and on my own medical findings that he/she is fit for participation in said competition.

**Otorhinolaryngologic** : .....

**Cardiovascular** : .....

**Chest, Lungs** : .....

**Blood Pressure** : .....

**EKG** : .....

(Mandatory for age 65 and above)

**Cardiovascular examination (Exercise Stress Test)** : .....

(Mandatory for age 65 and above)

### Examining Doctor's

Name & Surname : .....

Diploma No : .....

Address : .....

Date : ...../...../.....

Signature :