

**MEDICAL CERTIFICATE**

**To,**

**The Organizing Secretary,**

**AZTECS FIGHT LEAGUE, India**

**Master/Miss./Mr./Mrs.** \_\_\_\_\_

**Date of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Age** \_\_\_\_ **Weight** \_\_\_\_ **Kg**

**This is to certify that I have examined and hereby confirm that he/she is mentally and physically fit to participate in AZTECS FIGHT LEAGUE MMA Championship, 27 to 29 November, 2019 in Imphal, Manipur conducted by AZTECS FIGHT STUDIO, as per my knowledge.**

**[DOCTORS NAME/SIGN./STAMP/REG. NO.]**

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Place:** \_\_\_\_\_