



MEDICAL CERTIFICATE

NATUREISPALAST ERLER GMBH

PATIENT

NAME

It is hereby confirmed that Mrs/Mr. _____

BIRTHDAY

can do ice swimming in the glacier lake of the natures ice palace
at the Hintertux Glacier, 3.250 m above sealevel.

ADDRESS

(temperature: approx. - 0.5 degrees)

PHONE

This poses no health risk to the patient.

E-MAIL

The patient is mentally and physically healthy.

City, Date

doctor's personal seal
(with name and address)

doctor's signature



INFO@NATURSPORT.AT



WWW.NATUREISPALAST.INFO



+43 676 307 0000



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