



Le Bélier Blanc

12th of January 2019



La Clusaz

Club des Sports

MEDICAL CERTIFICATE

I, the undersigned, Dr, Doctor of Medicine,
certify that the examination of Mr/Mrs

Date of birth ____ / ____ / ____ Age :

reveals no contraindications to participating in an athletics competition.

Medical certificate issued in (place) :

Date :

Doctor sign :

Doctor stamp :

(practice name, adress, phone number, doctor's name) :