



Le Bélier

34^{ème} édition
23rd to 25st of august 2019



MEDICAL CERTIFICATE 2019

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) :