



Le Bélier

35^{ème} édition
21st to 23rd of august 2020



MEDICAL CERTIFICATE 2020

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) :