



Le Bélier Blanc
5th of February 2021



MEDICAL CERTIFICATE

I, the undersigned, Dr, Doctor of Medecine,
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) :