



# Le Béliér

36<sup>ème</sup> édition  
20<sup>th</sup> to 22<sup>nd</sup> of august 2021



## MEDICAL CERTIFICATE 2021

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) :