



Le Bélière

35^{ème} édition
20th to 22nd 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) :