

MEDICAL CERTIFICATE

This certificate complies with French legislation.

You are advised to use this formula.

This medical certificate must be filled in, dated and signed by the doctor, who will affix his signature and his stamp (or failing this, his professional number for foreign doctors).

I the undersigned, Doctor.....,

Testify that the state of health of:

NAME (*in capital letter*) : 1st name :

Date of birth : ... /... /19...

Presents no contra indication to competing in sport.

Made out in, on /..... /20.....

Doctor's signature:

Doctor's stamp
(or professional number) :

