

Le Bélier
36^{ème} édition
19th to 21nd of august 2022



MEDICAL CERTIFICATE 2022

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) :