

# Medical Certificate

I the undersigned Dr \_\_\_\_\_ Doctor of Medicine,

Certify that the examination of **Mr./ Ms./ Mrs.** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Reveals no contraindications for participating in a \_\_\_\_\_ Competition.

Medical Certificate Issues in **(place)** \_\_\_\_\_

Date \_\_\_\_\_

Doctor Signature \_\_\_\_\_

**Doctor Stamp**

