

# Medical Certificate

## *Competitive sport activity*

*It is mandatory to fill every part of this form and the doctor's signature and stamp*

The undersigned .....(licensed physician), on the basis of the medical tests:

- medical visit

(diagnostic tests as by the French law to be able to practice competitive sports activities)

certify that

Name ..... First Name.....

Born.....in.....

Resident in.....

can practice competitive triathlon sport activity.

This certificate is valid for.....

and will expire on.....

(it must be valid on the date of the event)

Date,

The Doctor (Firm)

Doctor's stamp