

# MEDICAL CERTIFICATE TO PRACTICE COMPETITIVE SPORTS

I, the undersigned.....

Doctor of medicine examined today (Day/Month/Year) ...../...../.....

Ms. or Mr. ....

Born on ...../...../.....

and certify that his or her current state of health does not present any complication to the practice of the following competitive sports:

- Box, Rugby
- Football, Handball, Volleyball, Basketball, Tennis, Badminton, Running
- Swimming, Rowing, Cross Training, Judo, Brazilian Jiu jitsu
- Pom pom, Dance, Pole dance, Yoga, Pilates, Fitness, Golf, Climing
- Horseback riding

Possible restrictions : .....

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Date (Day/Month/Year) ...../...../.....

Signature and Seal