

CERTIFICAT MÉDICAL ANNUEL PRÉALABLE À LA PRATIQUE DES SPORTS EN COMPÉTITION

*(In order to participate in any organized sport in France or in a competition, this certificate must be filled out by a doctor.
This must be done annually or it will be considered invalid.)*

Je soussigné(e) *(I, the undersigned),*

Docteur <i>(Doctor's Full Name):</i>	
Demeurant <i>(Address of the doctor) :</i>	

Certifie avoir examiné *(certified to have examined),*

Mademoiselle *(Ms.)*

Madame *(Mrs.)*

Monsieur *(Mr.)*

Nom, prénom <i>(LAST NAME ALL CAPITAL, First name):</i>	
Né(e) le <i>(Born the date of) :</i> <i>(Dates are written : Date/ Month / Year)</i>	
Demeurant <i>(Address) :</i>	
Appartenant à l'association sportive et n'avoir pas constaté à la date de ce jour de signes cliniques apparents contre-indiquant la pratique des sports suivants en compétition : <i>(Belonging to the sports association and not having found the date date of clinical signs - indicating apparent against the practice of following sports in competition:)</i>	<i>List all the sports you want to do in competition here:</i>

(Signature of the Doctor)

Fait à <i>(City, Town) :</i>	
Le <i>(date – Date/Month/Year) :</i>	

Cachet du médecin <i>(stamp from the doctor or attach a business card):</i>	Signature du médecin <i>(Doctor's Signature) :</i>
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