

**Le Bélier**  
38<sup>ème</sup> édition  
23th to 25th of august 2024



**MEDICAL CERTIFICATE 2024**

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) :