



## Medical Certificate 2019-2020

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I undersign, Doctor \_\_\_\_\_

certify having delivered to :

Family name : \_\_\_\_\_

First name : \_\_\_\_\_

- A certificate of no cons-indication to the practice of Fencing.
- Authorize participation in competitions.

Made in \_\_\_\_\_ on DD / MM / YYYY

Signature and stamp of physician