

# CHAMPIONNATS DU MONDE D'AVIRON INDOOR PARIS 2020

## CERTIFICAT MÉDICAL

Je soussigné(e), Dr....., Docteur en médecine,

Certifie que l'examen de Mr/Mme.....

Né(e) le...../...../.....

Ne révèle pas de contre-indication à la pratique de l'aviron indoor en compétition.

I undersigned, Dr....., Doctor of medicine,

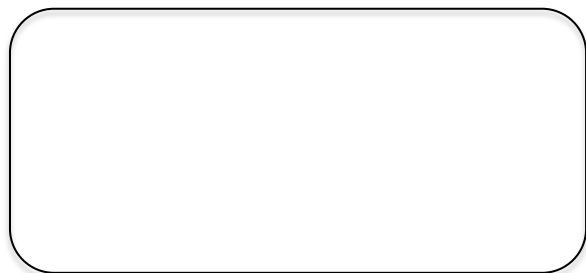
Certify that the examination of Mr/Mrs.....

Born ...../...../.....

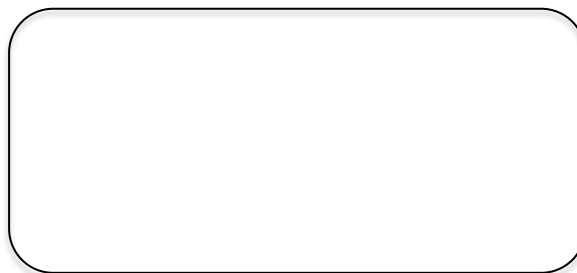
Reveals no contraindications to the practice of indoor rowing in competition.

Date : ...../...../20..... Lieu/place : .....

Signature du médecin / Doctor's signature

A large, empty rounded rectangular box with a thin black border, intended for the doctor's signature.

Tampon du Médecin / Stamp

A large, empty rounded rectangular box with a thin black border, intended for a stamp or seal.