



## 2007 Personal medical certificate

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

*certify that the examination of M, MS,*

*reveals no contraindications for participating in sports competitions listed below*

- Mountain biking
- running
- Trekking
- swimming
- Canoeing
- Canyoning
- Caving
- skating
- Mountaineering
- Rope Activities

*Medical certificate issued in (place)*

*on (date) :...*

Signature and stamp