



## MEDICAL CERTIFICATE

I, the undersigned, \_\_\_\_\_

Doctor of Medicine, certify that

Mr. / Mrs. \_\_\_\_\_

Born on \_\_\_\_/\_\_\_\_/\_\_\_\_

does not reveal any contraindication to:

- the practice of sport in competition (mandatory mention)
- the practice of swimming in competition (swimming event Tri-Relay)
- the practice of cycling in competition (cycling event Tri-Relay)
- the practice of running in competition (running event Tri-Relay)

Certificate issued in \_\_\_\_\_

On\_ /\_ / \_\_\_\_\_

**Signature and official stamp:**

*Cadre réservé à l'organisateur*

**Épreuve**

**N° dossard**