

MEDICAL CERTIFICATE

I, the undersigned, Doctor _____ certify that

Mrs Mr: _____

Born on *(tt/mm/jjjj)* : _____

has been examined, in accordance with the medical-sport examination recommended by Swiss Olympic **and have not detected any contraindications to the practice of RUGBY in competition.**

Datum *(tt/mm/jjjj)*: _____

Signature and stamp of the doctor: