

APPENDIX C - Medical Certificate Template

Athlete

NAME:	_____
DATE OF BIRTH:	_____
SIGNATURE:	_____ DATE: _____

Doctor

NAME:	_____
TITLE/POSITION:	_____
ADDRESS:	_____
SIGNATURE:	_____ DATE: _____
STAMP	_____
COMMENTS:	_____

Fit to Box	<input type="checkbox"/>
Not Fit to Box	<input type="checkbox"/>