

**MEDICAL REPORT**  
**OF NO CONTRAINDICATION TO THE PRACTICE OF PADDLE**

I, \_\_\_\_\_,

Doctor of Medicine, certifies having examined

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

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

And to have noticed, to date, the absence of detectable clinical sign against the practice of Paddle in competition.

Done at, \_\_\_\_\_

The \_\_\_\_\_

Signature :