

**MEDICAL CERTIFICATE AUTHORISING
THE PRACTICE OF STAND-UP PADDLE BOARDING**

I, the undersigned, Mr/Mrs

Medical Doctor, certify that I have examined

Mr/Mrs _____

Born on _____

And to have noted, on this day, the absence of any detectable clinical sign contraindicating the practice of stand-up paddle boarding in competition.

Done at _____,

On _____

Signature :