

# MEDICAL CERTIFICATE OF GOOD HEALTH FOR PRACTICE OF COMPETITIVE SPORTS ACTIVITIES

Dr

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Specialty:

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Address:

.....

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**States and certifies that:**

Name:

.....

Date of Birth:

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1. The individual indicated above is in good health and shows no active contraindications for the practice of competitive sports activities, with reference to dragon boating. Yes:  No:  Not Applicable (not paddling):
2. The individual indicated above has previously been diagnosed with and received treatment for breast cancer. Yes:  No:  Not Applicable (supporter):

This certificate is valid for one year from date of issue.

I certify that this statement is provided at request of the individual and for the purposes stated.

Place: .....Date: .....

Dr: .....

(Signature of physician)