



Date : \_\_\_\_\_

## MEDICAL CERTIFICATE

I, the undersigned Dr \_\_\_\_\_

Certify that M. / Ms \_\_\_\_\_

has no apparent medical indication against the practice of a or the following

sports : \_\_\_\_\_

including competition.

should be excused from physical education for the academic year \_\_\_\_\_.

should be excused from physical education during \_\_\_\_\_ Months,

from \_\_\_\_\_

Signature :