



Medical certificate (valid for one year)

*Within the framework of article II.3.2 of the FFVoile technical regulations
Taken in application of articles L.231-2, L231-2-1 of the Code du Sport*

I undersigned,

Doctor: certify that I have examined this day,

Name First name born on

and certify that his/her state of health does not indicate

- the practice of wingfoil
- including in competition.

Done in on

Signature and stamp of the examining doctor

