

MEDICAL CERTIFICATE OF SUITABILITY FOR PHYSICAL ACTIVITY 2024 - 2025

1. Mandatory for student's new enrollment.
2. Mandatory for the Re enrollment of a student with chronic disease.
3. This Medical certificate for physical activity can be requested for students, from sport's teachers, during academic year depending on their participation to the Extra curriculum sports competition

I, the undersigned:

Doctor's name: _____

Name of Health Center: _____

Certify that I have examined the child (Name): _____

Date of birth: _____

(strike out inapplicable statement)

And

- I had not noticed at the date of this day any apparent clinical signs contraindicating sport practice.

Or

- I had noticed that the child has signs contraindicating sport practice, which are:

.....
.....
.....

In this case, indicate what the **student** MAY DO in the context of a physical practice:

- FONCTIONS :

Walk / run / jump / carry / swim

Specify:

- KIND OF EFFORT :

Intense and brief / extended (Limited time to:.....)

Issued at

on (date).....

Signature and stamp of the doctor