

## MEDICAL CERTIFICATE OF SUITABILITY FOR PHYSICAL ACTIVITY 2025- 2026

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