



Freediving Commission

Necessary to download this document in the registration system once completed and signed and must be presented on place during checking documents to participate at CMAS Freediving World Cup or master's competition or championships.

MEDICAL CERTIFICATE

I, hereby, Doctor:

Full address of office:

Certify that the health condition of

(M, Miss)¹ (family name, given name),

Born / / (dd/mm/yyyy)

Living in (Address, City & Country)

.....

(1) Bar the useless mention

**don't present against indication to take part
in the CMAS Freediving World Cup or master's competition or championships**

Full name of the Doctor in capital letters:

Date: (dd/mm/yyyy)

Place:

Signature of the Doctor

Stamp

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I, hereby, (family name, given name), certify the accuracy of this document

This medical certificate is valid 365 days from the date of signature.