

範例：可中文填寫

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

醫生全名

I, hereby, Doctor: 診所辦公室住址

Full address of office:

Certify that the health condition of

選手全名

(M, Miss)¹ (family name, given name)

Born: / / (dd/mm/yyyy) 選手生日

Living in (Address, City & Country)

選手住址含城市及國家

(I)→Bar the access mention

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

醫生全名

Full name of the Doctor in capital letters:

Date: (dd/mm/yyyy) 簽署日期

Place: 簽署城市及國家

Signature of the Doctor ²	Stamp ²
醫生簽名	醫生職章

選手全名

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

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