

# MEDICAL certificate\*



I, the undersigned, Dr .....

hereby certify having examined, on today's date, Mr / Ms .....

and not having found, as of this date, any clinical signs that would constitute a contraindication to Triathlon practice in a competition setting.

Signed in .....

On .....

**Mandatory signature and stamp :**

\* In order to validate the registration, you will need a medical certificate attesting to an absence of contra-indications for Triathlon practice in a competition setting, dating from less than one year before the day of the competition, to be sent to the following address: Cyrille Neveu, 6, Chalet du Grand Broue - 38750 Huez - France (postal address of the organisation)