The certificate is issued: \_\_\_\_\_\_\_\_ (date of the certificate)

To whom it may concern

With present I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*name of the doctor*) confirm that Mr./Mrs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*name surname of the athlete*) representing \_\_\_\_\_\_\_\_\_\_\_\_\_(*country*) is healthy and fit and is eligible to take part in the Judo competition.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Name of doctor, signature and stamp