Paris World Championships Veterans 2025

	To whom it may concern
I, undersigned	(name of the doctor),
hereby confirm that Mr/Ms	
(full name of the athlete) represent	ing
(country) is healthy and fit and is eli	igible to take part in the Paris World
Championships Veterans 2025 judo	competition.
Date:	Place:
Doctor's full name:	
Doctor's signature and stamp:	