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