



## 4<sup>th</sup> HandiFly International Challenge

# Medical Certificate

I, **Medical Doctor** (name) \_\_\_\_\_

specialized in Aeronautic Medicine

specialized in Sport Medicine

specialized in \_\_\_\_\_ Medicine

**hereby certify that the handicapped athlete**

(name) \_\_\_\_\_

born on \_\_\_ / \_\_\_ / \_\_\_\_\_ at (city) \_\_\_\_\_, (country) \_\_\_\_\_

with Passport number \_\_\_\_\_

**is with health conditions to participate in the above mentioned event, engaging in Skydive Tandem**

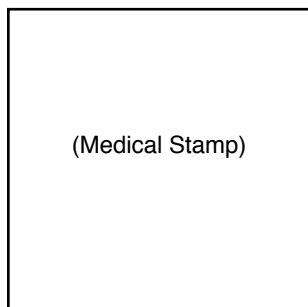
**Jumping with**

**Restrictions:** \_\_\_\_\_

**No Restrictions**

**Having knowledge of all the conditions involved in the practice of Skydive Tandem Jumping by this handicapped athlete, I issue this Medical Certificate.**

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_



(Medical Stamp)

\_\_\_\_\_  
(Medical Doctor signature)