

LETTERHEAD

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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