

# MEDICAL CERTIFICATE

Dear athlete,

Since this document is important for your insurance coverage, we recommend that you complete it accurately in advance, so the medical doctor only must read it, to stamp it and sign it (in case of approval).

Remember to fill in your **Duiken.Vlaanderen**-register number!

**Duiken.Vlaanderen** CLUB : .....

Medical Doctor (name): DR

confirms that:

(name):

(first name):

(register number **Duiken.Vlaanderen**):  -

address:

nr:  box:

postal code: **B-**  town

country: **BELGIUM**

birth date  -  -  (dd/mm/yyyy)

is fit for (\*)  SCUBA (diving or free diving)

Swimming

Date  -  -  (dd/mm/yyyy)

Stamp & signature MD: