



MEDICAL CERTIFICATE FORM
EVIAN MASTERS JUNIORS CUP 2012
(One per Child, please fill in with CAPITAL CHARACTERS)



**MEDICAL CERTIFICATE
OF NO CONTRAINDICATION
TO THE PRACTICE OF GOLF**

PLAYER'S NATION:

.....



I, the undersigned, Doctor of Medicine, certify that the examination of :

☐ Mr ☐ Miss:

.....

.....years' old

Reveals no contraindications for practicing golf in competitions.

Issued on the:

Signature of Doctor :

Stamp of doctor's office

.....

Advice: we recommend you to keep a copy of your medical certificate with you.



Please return completed form by mail, or email at the latest 15th of June to:

EVIAN MASTERS ORGANISATION

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