MEDICAL CERTIFICATE

made under Articles L. 231-2 and L. 231-2-2 of the Sports Code (Licensing of Athletes for Competition, Athletic Businesses, Athlete Investigations and Running)

I, the undersigned Doctor: ______

Certify that I have examined this day Mr / Mrs / Miss: _____

Born (e): ___ / ___ / ___ Residing at: _____

And not having found, to date, any contraindication to competing in athletics.

I inform in the interest of the French Agency in the battle against Doping (AFLD) a Use Exemption application for the purpose of using medical products likely to lead to a positive result of a doping control.

Done at the _____ Date: ____ / ____ / ____

Stamp and Signature Physician

Article 2.1.2 of the General Regulations of the French Athletics Federation:

Persons requesting a license, excluding Non-practitioners (Licensed supervise athletes) must occur:

o a medical certificate of no contraindications to the practice of the Athletics Competition for Licensing of Athletes for Competition, Athletic Businesses, Athlete Investigations and Running, as well as the title of running participation;

o a medical certificate of no contraindications for the athletic health license.

This medical certificate from a doctor of their choice, to be issued according to the regulations in force and be dated within three months at the time of application creation or the renewal of the membership card.