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[place and date]

## GROUP MEDICAL CERTIFICATE

I hereby certify that the health condition of:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

allows participation in amateur sports competitions – the 8<sup>th</sup> World Cup of Children from Care Homes to be held on 25<sup>th</sup>-26<sup>th</sup> of July 2020 in Warsaw, Poland.

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[stamp and signature of M.D.]