
[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 9th World Cup of Children from Care Homes to be held on 17th-18th of August 2024 in Warsaw, Poland.

[stamp and signature of M.D.]