
[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 10th-11th of August 2024 in Warsaw, Poland.

[stamp and signature of M.D.]