
[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 10th World Cup of Children from Care Homes to be held on 28th-29th of June 2025 in Warsaw, Poland.

[stamp and signature of M.D.]