

**WMOC (World Master Orienteering Championship)  
Sestriere 2-10 August 2013**

**MEDICAL CERTIFICATE OF FITNESS FOR COMPETITIVE SPORTS**

**(to be presented at the accreditation desk in Sestriere)**

**PLEASE USE BLOCK LETTERS ONLY**

I, Dr. (Name, Surname)

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**HEREBY STATE THAT**

Mr. / Mrs / Ms (Name, Surname)

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born (City, Country)

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on (dd/mm/yyyy)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

and resident at (address, city, country)

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I According to the results of medical check-ups and examinations, is currently healthy and fit to participate in competitive orienteering events and in particular World Master Orienteering Championship 2013 (2 -10 August 2013).

Date (dd/mm/yyyy)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Doctor's signature and stamp \_\_\_\_\_

**NOTE! If possible, please also send a copy of this certificate via e-mail to [medical.certificate@wmoc2013.it](mailto:medical.certificate@wmoc2013.it) to speed up the accreditation process. The original copy of this certificate must be presented to the accreditation desk in Sestriere.**