

**Medical Certificate**  
**Competitive sport activity**

*It is compulsory to fill every part of this form and the doctor's signature and stamp*

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The undersigned **Dr. Alain Moreau** (licensed physician), on the basis of the medical tests:

- medical visit
- test of urines (urinalyses)
- electrocardiogram at rest and stress test
- spirometry

certifies that:

**Name:** Mary

**Surname:** Johnson

**Born:** 1992-03-14

**in:** Boston, USA

**Resident in:** 14 Summer Street

**in:** Boston, USA

can practice **competitive Athletics** sport activity.

**This certificate is valid for:** 12 months

**and will expire on:** 2026-08-25

*(it must be valid on the date of the event)*

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**Date:** 2025-08-25

**The Doctor:**

Dr. Alain Moreau

MD, Sports Medicine

License No.: US-MD452309

Boston Sports Medical Center

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Dr. Alain Moreau MD  
Sports Medicine  
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