



**MEDICAL CERTIFICATE  
2024 – 2025 SEASON**

I, the undersigned, ..... Doctor of Medicine at  
.....  
hereby certify having examined on the date hereof Miss/Ms./Mr. ....  
born on ....., in ..... residing at .....

and not having observed, as at the date hereof, any apparent clinical sign contraindicating the practice of  
basketball.

Done in ....., on .....

Identification of the physician

Signature

*The athlete acknowledges by his/her signature that he/she is fully aware of the French Community Decree of 20 October 2011 on the fight against doping and that he/she has read and accepts the AWBB Anti-Doping Regulations and the rules of procedure of the C.I.D.D. (Interfederal Doping Disciplinary Committee), the disciplinary body of the AWBB for anti-doping rule violations.  
He/she irrevocably accepts that all disciplinary proceedings for doping, as defined by the French Community Decree of 20 October 2011 and the AWBB Anti-Doping Regulations, will be brought before the C.I.D.D., the only disciplinary body with jurisdiction over him/her."  
Date ..... and signature of the athlete and, where applicable, that of one of his/her legal representatives*



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