WORLD NATURAL BODYBUILDING FEDERATION

WNBF

GERMANY

MEDICAL CERTIFICATE

To be completed by the patient:

Last Name_____First Name_____

Date of Birth _____ Cell Phone_____

Street_____House Number_____

City_____Postal Code_____E-Mail_____

To be completed by the attending physician:

Diagnosis_____

_____

Medication_____

Dosis_____

Type of ingestion_____

Duration of intake (first date of issue)_____

Frequency of intake_____

It is hereby confirmed that the patient is not taking the above medication for bodybuilding or weight loss purposes.

The medical certificate is valid according to § 278 StGB.

_____
Date

_____ _____

Signature of patient Stamp and signature of attending physician