



Dear water sports enthusiast. This document is very important for your insurance coverage, we recommend that you complete it accurately in advance. Then your doctor only has to read this, stamp it and sign it. Also enter your VVW membership number.

VVW-CLUB: _____

MEDICAL CERTIFICATE

Signed physician: _____

confirms that: _____

(first name of member): _____ M/W _____

Membership number VVW: _____

Partner / daughter / son of (*): _____

Address: _____

Postal code: _____ Municipality: _____

Email address: _____

Born in: _____ on: _____
(day/month/jyear)

Is fysically fit to practice (*)

<input type="checkbox"/>	DIVING
<input type="checkbox"/>	SWIMMING
<input type="checkbox"/>	JET SPORTS
<input type="checkbox"/>	CANOE / KAYAK
<input type="checkbox"/>	MOTORBOTING (mandatory from 75 years of age)
<input type="checkbox"/>	WATER SKI
<input type="checkbox"/>	SEA SAILING

Drawn up on (physician's date stamp) _____

Doctor's stamp

Doctor's signature

(*) indicate what applies