

MEDICAL CERTIFICATE

Please be advised that

_____ (Club) support the attached
medical certificate stating that

_____ (Players Name) will be
unfit to play junior domestic basketball

from _____ to _____ .

Please record game credits for the following team/s

NB: The club will need to submit another medical certificate to clear a player if the previous certificate submitted has no end date or if the player wishes to play before the end date.