

# MEDICAL CERTIFICATE FOR COMPETITIVE ATHLETICS

City and date \_\_\_\_\_

Mr/Mrs (name, surname) \_\_\_\_\_

Date of birth \_\_\_\_\_

Nationality \_\_\_\_\_

Resident at (address, city country) \_\_\_\_\_

ID Document n° \_\_\_\_\_

The athlete has required the medical examination for competitive athletics.

According to the results of the medical examination the athlete is healthy and currently fit for competitive athletics.

This certificate is valid until (date) \_\_\_\_\_

*(The certificate must be valid at least until April 10, 2016 included.)*

Doctors sign \_\_\_\_\_

Doctor stamp \_\_\_\_\_