

Certificate of eligibility for the practice of non-competitive sport activities

Athlete (last name/first name) _____

Born at (town/country) _____

On (day/month/year) _____

Currently residing at (complete address) _____

The subject, on the basis of the medical examination that I performed, does not show contraindications to the practice of non-competitive sports activities

The medical examination included blood pressure measurement and other exams deemed necessary according to current laws.

This certificate is valid one year from the date indicated below.

Medical examination performed

At (town/country) _____

On (day/month/year) _____

By (physician's last name/first name) _____

PHYSICIAN'S SIGNATURE AND STAMP