

MEDICAL CERTIFICATE REFERENCE MODEL

CERTIFICATE OF FITNESS FOR COMPETITIVE SPORTS PRACTICE

Based on the medical examination carried out by me, of the arterial
blood pressure readings, as well as the ECG trace carried

out on _____

Name _____

Surname _____

Born on _____ in _____

Resident in _____ in _____

has no contraindications in the practice of sports activities.

This certificate is valid for one year and will expire on _____

Location _____

Date _____

(name of the doctor)

(stamp and signature)