Athlete Medical Health Certificate

**Athlete information**
Name:

Surname:

Address:
Country:
Date of Birth:

ID Card Number:

The undersigned confirms that the above mentioned athlete, after holding the necessary examinations and according to his medical record is in excellent state of health and capable of taking part in any sports activities.

In any case the athlete is responsible for his health and physical integrity given the demands and peculiarities of each sports activity.

**Signed by provider**:
Name:

Medical degree:
Licence number:

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[place] [date]

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Provider’s Signature