Sports medical certificate

Athlete's details

Name and surnames

ID

Name and surnames of the legal representative

ID

Functional medical sports assessment

Name of the medical centre

Accreditation number of the medical centre

Medical tests
(Please mark those that have been carried out and/or, where applicable, add others)

- ☐ Personal and family history
- ☐ Basic cardiorespiratory examination
- ☐ Basic examination of the locomotor system
- ☐ Other:
- ☐ Examination with the use of devices
- ☐ Electrocardiogram
- ☐ Cardiac stress test

Guidelines for the practice of physical exercise in accordance with the results of the medical tests
(The medical results of the tests carried out should not be noted)

- ☐ No apparent contraindications against engaging in physical exercise and/or sports
- ☐ Specific limitations when engaging in physical exercise (medical report concerning the exercise prescribed is adjoined)
- ☐ Absolute contraindication against engaging in sports

Remarks

Details of the declaring doctor

Name and surnames

College

Professional registration number

Signature and stamp

Valid until
(optional date, according to medical criteria)

Place and date