

**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 report of the ECG trace carried out on

Name

Surname

Born on in

Resident in in

has no contraindications in the practice of sport activities.

This certificate is valid for one year and will expire on

Location.....

Date.....

(name of the Doctor)

(stamp and signature)