

**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 .....

has no contraindications in the practice of sports activities.

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

Location / Hely: .....

Date / Dátum: .....

(name of the Doctor) / (orvos neve)

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(stamp and signature) / (pecsét és aláírás)