

Place and Date,

**HEALTH CERTIFICATE FOR
NOT COMPETITIVE SPORT ACTIVITY**

By this document, I, the undersigned Doctor

.....
considering medical examination of my patient Mr./Miss.

born in/...../.....

on.....
resident at (full address)

.....n.
certify that there is no clinical evidence or congenital disease that prevents the patient from
practicing not competitive sport activity.

(Validity of one year)

Signed.