

Data athlete

Name and surname

ID Card/Passaport

Name and surname of legal representative

ID Card/Passaport

Data of the medical-sport functional assessment

Name of medical center

Medical center registration No.

Medical tests

(They must mark the realized ones and/or, if appropriate, add other)

- | | |
|---|--|
| <input type="checkbox"/> Personal and family history | <input type="checkbox"/> Device exploration |
| <input type="checkbox"/> Basic cardiorespiratory exploration | <input type="checkbox"/> Electrocardiogram |
| <input type="checkbox"/> Basic exploration of the locomotor apparatus | <input type="checkbox"/> Ergometry (stress test) |
| <input type="checkbox"/> Others | |

Indications for the practice of physical exercise based on the results of medical test

(Medical test results can not be recorded)

- No apparent contraindications for the practice of physical and/or sporting exercise
- With specific limitations for physical exercise (includes attached medical prescription report)
- Absolute contraindication to sports practice

Observations

Reporting ph.D. data

Name and surname

College

Collegiate No.

Signature and stamp

Valid until

Place and date