MEDICAL CERTIFICATE OF FITNESS FOR SPORTS

(Must not be older than 3 months)

General information:

name:

address:

date of birth:

size (m):

weight (kg):

*BMI (kg/m^2):

*%body fat percentage:

*vital capacity (ml):

*FEV1 (%):

medications:

allergy/intolerance:
(chlorinated water etc.)

blood pressure (resting):

heart rate (resting):

Physical examination:

	not noticeable	noticeable
head/neck/sense organ	☐	☐
heart/circulation/vessels	☐	☐
lungs/lymph nodes	☐	☐
abdomen/kidney	☐	☐
spine	☐	☐
joints	☐	☐
muscles/tendons	☐	☐
nervous system	☐	☐

further diagnostics:

	not noticeable	noticeable
resting ECG	☐	☐
lung function	☐	☐
*urine strip diagnostics	☐	☐

Notes/Details:

Assessment: ☐ suitable for sports ☐ not suitable for sports ☐ currently not suitable for sports, probably until _____ (month/year)

Notes:

Stamp of the doctor | Place/date | Signature of the doctor

* It is at the discretion of the examining doctor whether he/she examines the examination/vital parameters marked with * - this informations are not absolutely necessary.