

Place, Date.....

HEALTH CERTIFICATE FOR
NON-COMPETITIVE SPORTS ACTIVITIES

By this document, I, the undersigned Doctor

.....(Title, Name),

considering an examination of

Mr./Mrs.....

born in

.....(City, country), on(Date)

and living at

.....(Address, country)

certify that there is no evidence or congenital disease that prevents participation in non-competitive sports activities.

This certificate is only valid for 2023.

Undersigned by.....

Stamp of the Doctor