



EUROPEAN MASTERS GAMES TORINO 2019
MEDICAL CERTIFICATE OF FITNESS FOR COMPETITIVE SPORTS
PLEASE USE BLOCK LETTERS ONLY

I, Dr. (Name, Surname) **CELÉ JMÉNO LÉKAŘE**

born (City, Country) **MÍSTO NAROZENÍ LÉKAŘE**

on (dd/mm/yyyy) **DATUM NAROZENÍ**

DEN / **MĚSÍC** / **ROK**

with offices at (complete address) **KOMPLETNÍ ADRESA ORDINACE**

and phone number **TEL.ČÍSLO**

HEREBY STATE THAT

Mr. / Mrs / Ms (Name, Surname) **JMÉNO ZÁVODNÍKA**

born (City, Country) **MÍSTO NAROZENÍ**

on (dd/mm/yyyy) **DATUM NAROZENÍ**

DEN / **MĚSÍC** / **ROK**

and resident at (address, city, country) **BYDLIŠŤĚ**

ID document n° **ČÍSLO OBČANKY NEBO PASU**

according to the results of medical check-ups and examinations stated by Italian law (D.M. 18/2/1982) and by EMG 2019 Terms and Conditions, is healthy and currently fit for competitive sports in general and for NUTNO NAPSAT "WEIGHTLIFTING" in EMG 2019. This certificate is valid until (dd/mm/yyyy).

The certificate must be valid at least until 11th August, 2019 included

____ / ____ / ____

date (dd/mm/yyyy)

____ / ____ / ____

Doctor's signature and stamp **RAZÍTKO LÉKAŘE**

I accept the mandatory requirements of EMG 2019 Terms and Conditions and I declare to be legally compliant with the sanitary regulations currently in force in Italy, and therefore I release the Torino 2019 European Masters Games Organizing Committee from any civil and penal responsibility for any injuries incurred.

Athlete's signature **PODPIS ZÁVODNÍKA**

IMPORTANT: MEDICAL CERTIFICATE HAS TO BE SHOWN IN ORIGINAL FOR THE ACCREDITATION