

Sports Medical Certificate

GP's / Doctor's details

Name of GP / Doctor (Surname, Name)

General Medical Council / Collegiate Registration number (Name of College, Registration n°)

Athletes details

Name and Personal ID of Athlete (Surname, Name, ID / Passport n°)

Legal Tutor (Surname, Name, ID / Passport n°)

Functional Assessment Results

Medical tests taken

Tick the tests taken and/or add others not listed

- Personal and Family medical history
- Basic Cardio-Respiratory test
- Basic locomotor test
- General Functional Exploration
- Electrocardiogram (**OBLIGATORY**)
- Stress test (**LEFT TO THE DOCTOR'S CRITERIA, but highly recommended to carry out stress tests at peak exertion on athletes above 35 years old**)
- Other:

Test Results

Results of medical tests should not appear

- With no apparent contraindications to carry out physical exercise and/or sports activities
- Absolute contraindication for sports activities
- With specific limitations for physical exercise (Attached is the Medical Prescription Exercise Report)

Comments

Valid until

Optional date - based on medical criteria

Medical test location and date

Doctor's signature and stamp