NINJA
EUROPEAN CHAMPIONSHIPS
CZECHIA 2026

CERTIFICATE OF FITNESS
FOR COMPETITIVE SPORTS PRACTICE

Based on the medical examination carried out by me, of the arterial blood pressure readings, as well as the report of the ECG trace carried out on …….
Name ……..……..…
Surname ……..……...
Born on …… in ……...
Resident in ……..…… in ……..….

has no contraindications in the practice of sport activities.

This certificate is valid for one year and will expire on …….

Location…….
Date……..…..

(name of the Doctor)

_____

(stamp and signature)