

MEDICAL CERTIFICATION

The following doctor Mr / Mrs.....

Examinee Mr / Mrs

Date of birth,

Received the medical form of the medical history completed by the examinee and confirms that on the day of the clinical examination / /2020 he did not have any symptoms of fever, cough, shortness of breath, sore throat, fatigue, myalgia, anemia.

This is issued for entry into sports facilities.

Signature and Doctor's Seal