

HEALTH CERTIFICATE FOR PLAYERS

THIS FORM MUST BE HANDED OVER DURING THE PRELIMINARY TEAM INQUIRY

THE PLAYER YOU ARE EXAMINING WILL PLAY UNDER DEMANDING AND STRESSFUL CONDITIONS INCLUDING HEAT, HIGH HUMIDITY, EXPOSURE TO INTENSES SUNLIGHT HIGH PHYSICAL EXERTIONS, WHICH CAN LAST FOR MANY AS 3 HOURS.

First name			
Last name			
Birth date (dd/mm/yyyy)		Place of birth	
Represented country			
Date of examination			

Form must me be filled in printed or handwritten capitals ONLY

HEREWITH I CONFIRM THAT MY NAME STATED HERE IN IS ACCURATE AND, UNDER OATH, I DECLARE THAT I HAVE NOT TAKEN AND WILL NOT TAKE ANY FORBIDDEN SUBSTANCES LISTED IN FIVB (CEV) ANTIDOPING REGULATIONS.

I ACKNOWLEDGE THAT TO VERIFY MY DECLARATION I MAY BE SUBMITTED TO ANTIDOPING CONTROL BEFORE OR DURING THE COMPETITION, FOR WHICH I VOLUNTEER TO CONSENT WHEN THIS IS DONE IN STRICT COMPLIANCE WITH FIVB (CEV) MEDICAL REGULATIONS.

HEREWITH I CONFIRM, UNDER OATH, THAT TO THE BEST OF OUR KNOWLEDGE AND AFTER PROFESSIONAL MEDICAL EXAMINATION OF THE PLAYER HEREIN MENTIONED, HE/SHE IS IN GOOD HEALTH, ABLE TO TRAVEL BY ANY MEANS OF TRANSPORTATION AND PLAY IN VOLLEYBALL COMPETITIONS.

Name of the medical doctor

Signature of player

Signature of the medical doctor