

MEDICAL CERTIFICATE OF APTITUDE AT THE MMA'S PRACTICE

AMATEUR

Medical case history

- deafness
- epilepsy
- coma/cerebral lesions
- KO (Knock out) <3 months
- amblyopia
- shortsightedness > 3,5 dioptries
- others

Surgery case history

- intraocular surgery / refractive
- fractures :
- others :

Compulsory vaccinations

- VHB , date :
- DT Polio, date :
- Blood group RH :

Rest'ECG (< 1 year) :

Date of the last ophtalmologique's consultation (< 2 years) :

Medical Certificate :

Height :

Pressure :

- at rest :

- 30 bendings 45 s :

- 1 minute of rest :

Weight :

Heart rate :

Cardiopulmonary :

Neurological :

Stomatology - Dentition :

ORL (audition acuteness - nasal permeability) :

Abdominal and genito urinary :

Locomotor apparatus :

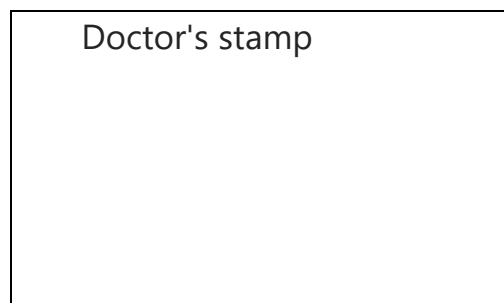
Eventual remarks :

I the undersigned D Medical doctor, certifies that Mr, Miss, Mrsborn the doesnt present any contraindication for the practice of MMA at Basel at the time of HFC's tournements.

Issued at

The/...../.....

Doctor's stamp



Doctor's signature