

MEDICAL CERTIFICATE OF APTITUDE AT THE MMA'S PRACTICE

PROFESSIONAL

Medical history

- deafness :
- epilepsy :
- coma/brain lesions :
- KO (Knock Out) <3 months :
- ambliopia :
- shortsightedness>3,5 dioptries :
- Others :

Chirurgical history

- introcular/refractive surgery :
- fractures :
- others :

Compulsory vaccinations

VHB, date :
DT Polio, date :

Rh blood group :

At rest and stress ECG (< 1 year) :

Oral health checkup (< year) :

Complete laboratory tests (blood test + BU) less than one year, mention the anomalies :

Date of the last ophtalmological consultation with background of the eye (< 2 years) :

Medical exam :

Height :

Weight :

Blood pressure :

Heart rate :

- at rest :

- 30 bendings 45s :

- 1 minute at rest :

Cardiopulmonary :

Neurological :

Stomatological – Dentition :

ORL (auditory acuity - nasal permeability) :

Abdominal and genito-urinary :

Locomotive apparatus :

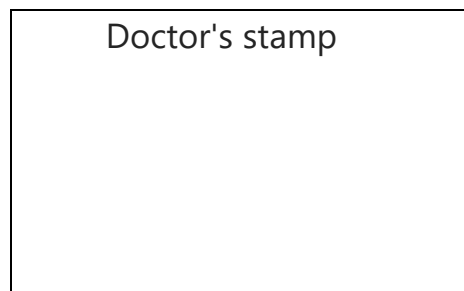
Possible remarks :

I, the undersigned Drmedical doctor certifies that Mr/Miss/Mrs born the/...../..... doesn't present any contraindication during the HFC tournaments.

Delivered at

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

Doctor's stamp



Doctor's signature