



**ANNUAL MEDICAL CERTIFICATE OF NON COUNTER-INDICATION TO THE PRACTICE OF HIGH-LEVEL HANDBALL**

I undersigned,

Medical Doctor

Address

Certifies receipt and review of,

Miss

Mrs

Mr

Names and surnames

Date of birth

/

/

Address

Playing for (name of Club)

***And not having found in this date, and after laboratory tests, clinical signs counter-indicating the practice of High-Level Handball***

At

The

/

/

Physician Stamp

Physician signature