

SERBIAN TENNIS FEDERATION

Serbia 11000 Belgrade Bulevar despota Stefana 62 - 64 tel: +381 11 **712 1898** fax: +381 11 **712 1899**

MEDICAL EXAMINATION CERTIFICATE PLAYER INFORMATION

LAST NAME	
NAME	
DATE OF BIRTH	
PASSPORT NUMBER	
PLAYER ID NUMBER	
TENNIS CLUB NAME	
MEDICAL EXAM	IINATION INFORMATION
DATE OF MEDICAL EXAMINATION _	
Evaluation by a specialist	
1. CAPABLE	
2. ABLE WITH RESTRICTION	
3. TEMPORARILY INCAPABLE	
4. UNFIT FOR THE PROPOSED SPORTS	BRANCH OR DISCIPLINE
5. INCAPABLE	
6. ASSESSMENT AND OPINION CANNO	T BE GIVEN DUE TO
	g the latest competitor's identification ID or, in the case of the first, student card, health insurance card, passport, ID card etc.) e presence of their parents/guardians.
	Health institutions stamp
Stamp and signature of the specialist doctor	