

رقم الوثيقة: KHCD-SOP-02-F-02	Physical Aptitude Certificate	 نادي خورفكان للمعاقين KHORFAKKAN CLUB FOR THE DISABLED
رقم الإصدار: 01		
تاريخ الإصدار: 13.3.2022		

Physical Aptitude Certificate

Name:

Gender: Male Female

Date of birth:/...../..... Age:

- Fit** for all sports without restriction.
- Fit** for all sports without restriction with recommendations for further evaluation or treatment for:
- Unfit:**
 - For all sports.
 - For certain sports:
 - Pending for further evaluation.
 - Reason:

Recommendations:

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I have examined the athlete named above and completed the Pre-Sport Physical Assessment. The athlete has no apparent clinical contraindications to sports practice and participation in the various sports as indicated above.

If conditions arise after the athlete has been certified to participate in a physical activity, the doctor may cancel it until the issue is resolved.

Date:/...../.....

Doctor's name:.....

Signature: