



MEDICAL CERTIFICATE

First and Family Name (s) of the Referee (in capital letters):

Country:

First and Family Name (s) of the Doctor (in capital letters):

Country:

Date and Place of Medical Testing:

I, the undersigned doctor, hereby confirm that:

1. The above-mentioned referee does not present any apparent medical illness that could prevent him from refereeing a basketball game. The physical examination, including a thorough cardio-vascular medical history and the ECG, does not present any sign of pathology.
2. He/she has no medical contraindication to undergo a maximal physical fitness test, including the FIBA Physical Fitness Tests (Basic or Elite Yo-Yo) for Referees.

Date (day/month/year)

Signature and stamp of the examining doctor

This Medical Certificate is valid for 12 months and must be presented by the Referee to the governing body of the basketball competition whenever required.