

# Medical Certificate



<b>Name:</b>	<b>Given name:</b>
<b>Date of birth :</b>	<b>Place of birth:</b>
<b>Street :</b>	<b>Phone:</b>
<b>Post Code:</b>	<b>Place/Country:</b>

<b>Physical Examination</b> : inconspicuous <input type="checkbox"/> yes <input type="checkbox"/> no
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<b>Rest-ECG</b> :                      inconspicuous <input type="checkbox"/> yes <input type="checkbox"/> no
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<b>Blood Pressure</b> :                      /                      mm Hg
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## Labor

<i>Hepatitis</i>	<b>Results:</b>
Anti-HBs	
Anti-HBc gesamt	
Anti-HCV	
<i>HIV</i>	
Anti-HIV 1/2 p24Ag	

**Comments/Limitations:** \_\_\_\_\_

At the time of the examination, regarding the person above there are **no** medical concerns participating in the full contact Mixed Martial Arts (MMA).

<b>Place :</b>	<b>Date :</b>
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<b>(Signature and Name of Medical Doctor)</b>	<b>(Stamp of Medical Doctor )</b>
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