

# Euro Futbol for Champions Medical Certificate

**NB: This certificate must be signed and filled out before the athlete can begin any sessions or camps.**

Last Name: \_\_\_\_\_ . Camper date: \_\_\_\_\_ .

First Name: \_\_\_\_\_ . Birth date: DD-\_\_MM-\_\_YYYY\_\_\_\_\_ .

Camper height : \_\_\_\_\_ . Enuresis: Y / N

Camper weight; \_\_\_\_\_ . Wear glasses: Y / N

Camper pulse: \_\_\_\_\_ .

Camper pulse: \_\_\_\_\_ .

Surgeries: \_\_\_\_\_ .

Vaccinations: \_\_\_\_\_ . Allergies: \_\_\_\_\_ .

### Immunization record dates

Polioyelitis: \_\_\_\_\_ . Diphteria: \_\_\_\_\_ . Tetanus: \_\_\_\_\_ .

Small pox: \_\_\_\_\_ . Tuberculosis: \_\_\_\_\_ .

### Did your Son/Daughter had/have the following?:

Measles: Y / N      Angina: Y / N      Scarlet fever: Y / N

Chickenpox: Y / N      Whooping cough: Y / N      Mumps: Y / N

Ear infection: Y / N      Asthma: Y / N

Is the child following a special medical treatment : Y / N

If yes please describe: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

Special Instructions or Conditions: \_\_\_\_\_  
\_\_\_\_\_

**I Doctor/Parent** \_\_\_\_\_, take responsibility and certify that all above information are true and exact, and the child, \_\_\_\_\_, does not present any conditions that can prevent him from playing all kinds of sports activities and social activities.

Address; \_\_\_\_\_

\_\_\_\_\_. **Date,** \_\_\_\_\_.

**Parent or Doctor's signature**