



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 undersigned physician has reviewed the referee's medical history and performed an electrocardiogram (ECG), together with such additional medical examinations and assessments that he/she considered appropriate in accordance with professional judgment.
2. Based on the medical assessment performed, the above-mentioned referee does not present any apparent medical condition that could prevent him/her from refereeing a basketball game.
3. Based on the medical assessment performed, the undersigned physician finds no medical contraindication for the referee to undergo a maximal physical fitness test, including the FIBA Physical Fitness Tests for Referees (Basic Beep Test and Elite Program Yo-Yo Test).

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.