



FIBA REFEREES BASIC FITNESS TEST - RESULT FORM

Please complete this form electronically.

Save the file and send it back in PDF format. Note: All fields must be completed

National Federation		Supervisor 1 of the Fitness Test	
		Supervisor 2 of the Fitness Test	

SURNAME and Name of the Referee Candidate (e.g. SMITH, John)	Gender (Male / Female)	Format of the Fitness Test (86 laps /10min 66 laps / 8 min)	Result of the Fitness Test (Pass / Fail)	Place of the Fitness Test	Date of the Fitness Test (dd/mm/yyyy)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
Date and Signature of the Supervisor 1					
Date and Signature of the Supervisor 2					

Note: In case of discrepancy between the three languages: English, Spanish and French, on the meaning or interpretation of a word or phrase, the English text prevails.