



Asian Volleyball Confederation

HEALTH CERTIFICATE

THE PLAYER YOU ARE EXAMING MIGHT BE PLAYING UNDER DEMANDING AND STRESSFUL CONDITIONS SUCH AS HEAT, HIGH HUMIDITY, EXPOSURE TO INTENSE SUNLIGHT, HIGH PHYSICAL EXERTIONS, WHICH CAN LAST UP TO 3 HOURS.

THIS FORM MUST BE HANDED OVER DURING THE PRELIMINARY INQUIRY

FAMILY NAME

NAME

BIRTH DATE D M Y PLACE

COUNTRY

DATE OF THE MEDICAL EXAMINATION D M Y

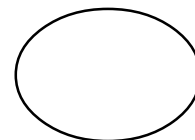
HEREWITH I CONFIRM, UNDER OATH, THAT TO THE BEST OF MY KNOWLEDGE AND AFTER PROFESSIONAL MEDICAL EXAMINATION OF THE PLAYER HEREIN MENTIONED, HE/SHE IS IN GOOD HEALTH, ABLE TO TRAVEL BY ANY MEANS OF TRANSPORTATION AND PLAY IN BEACH VOLLEYBALL COMPETITIONS.

HEREWITH I CONFIRM THAT MY NAME STATED HEREIN IS ACCURATE AND, UNDER OATH, I DECLARE THAT I HAVE NOT TAKEN AND WILL NOT TAKE ANY FORBIDDEN SUBSTANCES LISTED IN FIVB ANTIDOPING REGULATIONS. THEREFORE I AFFIRM TO NOT BE ON SANCTIONS BY ANY SPORT ORGANIZATIONS. I ACCEPT ANY ANTIDOPING CONTROL BEFORE OR DURING THE COMPETITION, WHICH I ACCEPT ON MY OWN FREE WILL TO UNDERGO WHEN IT IS DONE IN STRICT COMPLIANCE WITH FIVB MEDICAL REGULATIONS.

NAME OF THE MEDICAL DOCTOR

SIGNATURE OF THE NATIONAL FEDERATION PRESIDENT

SIGNATURE OF PLAYER



NATIONAL FEDERATION SEAL