



## Medical Form

To Klim Zeal,

I, Dr. \_\_\_\_\_, a licensed medical practitioner, having examined \_\_\_\_\_, age \_\_\_\_\_, on \_\_\_\_\_, hereby certify that the individual is in good health and physically fit to engage in rigorous physical activities, including fitness training, strength training, and competitive athletic events. The candidate does not present any contraindications to intensive physical exertion and is free from medical conditions such as cardiovascular, musculoskeletal, or neurological disorders that could compromise their safety or performance.

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Pulse Rate: \_\_\_\_\_

Other Relevant Health Information (e.g., any allergies, medications, or previous medical conditions): \_\_\_\_\_

The athlete has demonstrated no signs of any medical issue that would interfere with their fitness training or athletic activities. It is advised that the athlete continues to follow a proper training regimen and consult a healthcare provider if any health concerns arise in the future.

This certificate is issued based on my professional assessment.

For any further inquiries, please feel free to contact me at Phone Number:-

Sincerely,

Doctor name- \_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_