



# VETERAN MEDICAL CERTIFICATE

Article 5.1 of the General Regulations for the World Championships Veteran provides:

“Each wrestler shall pass a medical examination in his own country one week before the competition start date. A UWW Veteran Medical Certificate should be filled and signed by an official medical doctor appointed by the National Federation. This form must be delivered to UWW doctor of the competition at the pre-weighing medical examination”.

## UWW EVENT

Event

Place / Date...

## WRESTLER

Surname: **IVANOV**

Date of Birth (Day/Month/Year) **01/01/1976**

Nationality: **RUSSIA**

Address: **RUSSIA, MOSCOW**

**PROSPECT POBEDY 14/2**

Phone Number: **+7 (900) 555-11-11**

E-mail: **WREST@MAIL.RU**

First Name: **IVAN**

Sex: **M**

## MEDICAL ASSESSMENT SUMMARIES

### 1. General Examination:

#### A- Medical History:

- Normal
- Abnormal - Please specify: ...



#### B- Routine Lab Tests:

- Haemoglobin, Haematocrit, Erythrocytes, Thrombocytes, Leukocytes, C-reactive Protein, Glucose, Creatinine, Uric Acid, Triglycerides, Cholesterol (total, LDL, HDL), Creatine phosphokinase, Sodium, Potassium, Calcium, Phosphor, Urine Analysis

- Normal
- Abnormal - Please specify: ...



Veteran Medical Certificate





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### C- Skin Inspection:

- Normal
- Abnormal - Please specify: ...



### D- General Health:

- Normal
  - Eligible to wrestle with considerations
  - Non eligible to compete
- Please specify: ...



Examining Doctor:

Surname & Name: *Valentina Goryachok*  
 Address: *Russia*  
 Date: *28.08.2018*  
 Signature: *[Handwritten Signature]*



### 3. Cardiovascular Examination:

- Physical examination, Chest x-ray, Heart rate & rhythm, Blood Pressure, Electrocardiography, Echocardiography
  - Normal
  - Eligible to wrestle with considerations
  - Non eligible to compete
- Please specify: ...

Examining Doctor:

Surname & Name: *Valentina Goryachok*  
 Address: *Russia*  
 Date: *28.08.2018*  
 Signature & Stamp: *[Handwritten Signature]*





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МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ  
 ГОСУДАРСТВЕННОЕ БЮДЖЕТНОЕ УЧРЕЖДЕНИЕ ЗДРАВООХРАНЕНИЯ  
 «ОРЕНБУРГСКИЙ ОБЛАСТНОЙ  
 ВРАЧЕБНО-ФИЗКУЛЬТУРНЫЙ  
 ДИСПАНСЕР»  
 460000, г. Оренбург, ул. Постникова, 11  
 тел. 77-01-84  
 e-mail: oovfd@mail.ru

## 4. Orthopaedic Examination:

- Spine (cervical, thoracic lumbar), Shoulder, Arm, Elbow, Forearm, Wrist, Hand, Fingers, Hip, Thigh, Knee, Lower leg, Ankle & Foot
    - Normal
    - Eligible to wrestle with considerations
    - Non eligible to compete
- Please specify: ...



Examining Doctor:

Surname & Name: *Valentina Goryuchok*

Address: *Russia*

Date: *28.08.2018*

Signature & Stamp:

*Valentina Goryuchok*  
  




## 5. Medical Certification

I certify that this wrestler:

- Has no apparent contraindication to practice wrestling in competitive level.
- Is not recommended to practice wrestling in competitive level.

Certifying Doctor:

Surname & Name: *Valentina Goryuchok*

Medical Registration Number:

Address: *Russia*

Phone Number: *+7(3532) 77-01-84*

Fax Number: *+7(3532) 78-11-23*

E-mail: *oovfd@mail.ru*

Date: *28.08.2018*

Signature & Stamp:

*Valentina Goryuchok*  
  




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## UWW Doctor Approval

- Medical Certificate Approved.
- Medical Certificate is not approved.

Surname & Name

Signature:

Date: