3rd BALKAN Shinkyokushin Championship

FOR U14, U16, U18, ADULTS and VETERANS
27-28 NOVEMBER 2026 - İstanbul, Türkiye

Medical Certificate

Name: _____	**Surname:** _____
Date of birth: _____	**Sex: Male / Female**
Country: _____	**Club:** _____

To be completed and signed by a physician.

I, the undersigned physician, certify that I have examined the person named above and that, at the time of the examination, he / she is fit and healthy to take part in the karate competition (kumite and/or kata) of the 3rd Balkan Shinkyokushin Championship.

Date of examination: _____

Remarks, if any: _____

_____

Physician's name and surname: _____

Licence / registration number: _____

Clinic or hospital, address: _____

Telephone: _____

Signature and stamp: _____ Date: _____

The certificate must be written in English and issued within the last 6 months before the tournament.

This form is to be filled out and shown at the tournament registration.