

**Medical Declaration**

I, the undersigned, Dr. \_\_\_\_\_ hereby confirm that I know Mr./Mrs./Miss \_\_\_\_\_, I.D. no./ Passport no. \_\_\_\_\_ and that to my knowledge, and after questioning him/her about his/her health, diseases, hospitalizations and physical impairments in the past and in the present, and according to the tests I run, doesn't have any indications in his/her mental, physical and health condition that might keep him/her from participating in the practical training in the field of Krav-Maga (hand-to-hand combat).

Location: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Stamp: \_\_\_\_\_