

Medical certificate

Name; First Name:

Date of Birth:

The above person wishes to enroll in one of the following studies at the Department of Sport Science, University of Innsbruck: BSc Sport Science, BSc Sports Management or BEd Secondary School Teacher Training, Subject: Physical Education. They must also complete an aptitude test to demonstrate their sporting ability.

They have undergone a medical examination with me and are fully fit for sport.

There are currently no acute or chronic functional impairments that could affect the content or requirements of the program's admission test or subsequent sports-related studies (including the associated maximum physical strain/exertion).

Place, Date:

Signature & Stamp of the Doctor: