

# Medical Certificate of Fitness to Compete – NBFC (Amateur Combat Sports)

**Athlete Name:**

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**Date of Birth:**

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**Address:**

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## **Medical Examination**

I hereby confirm that the above-named athlete was medically examined in my practice on the stated date. The examination included general health status, cardiovascular system, musculoskeletal system, and neurological condition.

## **Fitness to Compete**

Based on the current medical findings, there are no medical objections to the athlete's participation in an **amateur combat sports event (MMA / Grappling)** organized under regulated sporting conditions by NBFC (New Breath Fighting Championship).

This certificate confirms the athlete's medical condition at the time of examination only and does not constitute any liability or guarantee.

**Place, Date:**

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**Medical Practice Stamp / Physician Signature:**

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