



## **FIAS PPE CONFIRMATION FORM**

Name of the event:			
Name of the National SAMBO Organization:			
Name of the athlete:	Birth Date:	Discipline:	Weight Category:
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On behalf of organization I am representing, I hereby confirm that all athletes mentioned above have undergone the Pre-Participation Medical Examination according to FIAS Competition Rules and recommendations of FIAS Medical and Anti-Doping Commission. I guarantee that information is filled truthfully and based on my best knowledge.			
Name of the declaring person:		Function within Organization:	
Date:		Signature and Stamp:	