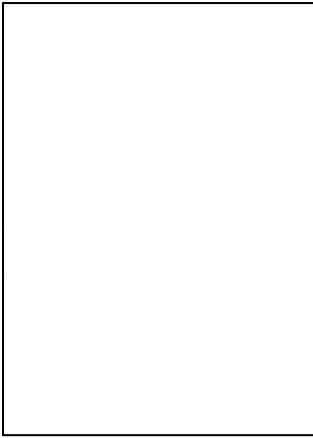
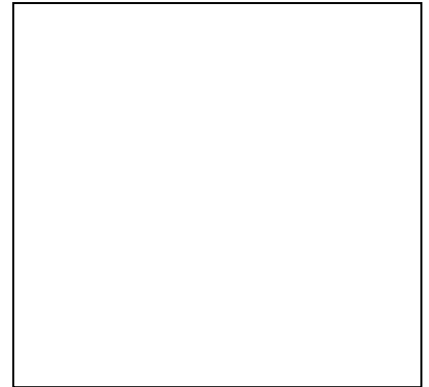


Application Form Medical Checks

According to the Athletic Law 2725/99, Art.33, par.9



Photo



Athletic Union Stamp

Register No.....

Date of registration.....

Personal Information

SURNAME					
NAME					
FATHER'S NAME					
DATE OF BIRTH		IDENTITY CARD No		BLOOD TYPE	
ADDRESS					
TOWN					
STATE				P.CODE	
PHONE No			MOBILE PHONE		
E-MAIL					

EYEDOCTOR.....
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THORAX.....
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CARDIOGRAM.....
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PATHOLOGIST.....
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Applier's signature