



HELLENIC MEDITERRANEAN UNIVERSITY ASSET MANAGEMENT & DEVELOPMENT COMPANY

MARKOS KARANASTASIS GYMNASIUM

Health Card

Last name: _____

Name: _____

Father's name: _____

Date of Birth: _____

Social Security ID: _____

ID Number: _____

Academic I.D*: _____

* where required

The Doctor certifies that this person based on the present clinical examination, his/her medical history and having undergone the prescribed medical examinations, is allowed to exercise at the Gymnasium of the Hellenic Mediterranean University (mild sports activity), without incurring any risk for his / hers health.

Date : _____

Signature – Doctor's stamp

Photo with
doctor's stamp

Contact info:

**Telephone
Number**

Email:

I declare that I grant the right to use my personal data to the HMU Property Development & Management Company and HMU exclusively for the purposes of issuing my health card for the use of the gym.



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- The Athlete Health Card is valid for one (1) year from its issuance.
- The Athlete's Health Card is considered by the HMU Doctor, a Private Doctor or a Doctor from a Public Institution or a Doctor who attended post-educational seminars by ASSOCIATION OF REHABILITATION CENTERS GREECE and examined the athlete.
- The Athlete Health Card is an independent document and is not linked to any Sports Identity Card.
- The Athlete Health Card must be presented, as a basic condition for registration and use of the gym.