



## ANNUAL HEALTH CERTIFICATE

This SVB/10 form shall be governed by and construed in accordance with Swiss law, without regard to its conflicts of law provisions.

THE PLAYER YOU ARE EXAMINING WILL PLAY UNDER DEMANDING AND STRESSFUL CONDITIONS INCLUDING ALL KIND OF WEATHER CONDITIONS LIKE HEAT, COLD, HIGH HUMIDITY, EXPOSURE TO INTENSES SUNLIGHT, HIGH ALTITUDE AND HIGH PHYSICAL EXERTIONS WHICH CAN LAST TILL 3 HOURS.

PLAYER LAST NAME :	FIRST NAME :
BIRTH DATE :	COUNTRY :

**HEREWITH I CONFIRM THAT TO THE BEST OF MY KNOWLEDGE AND AFTER PROFESSIONAL MEDICAL EXAMINATION OF THE PLAYER HEREIN MENTIONED, HE/SHE IS IN GOOD HEALTH, ABLE TO TRAVEL BY ANY MEANS OF TRANSPORTATION AND PLAY IN VOLLEYBALL COMPETITIONS.**

**AS A PARTICIPANT IN A FIVB EVENT, HEREBY ACKNOWLEDGE AND AGREE AS FOLLOWS:**

1. I have had an opportunity to review the FIVB Medical & anti-doping Regulations,
2. I consent and agree to comply with and be bound by all of the provisions of the FIVB Anti-Doping Rules, including but not limited to, all amendments to the Anti-Doping Rules and all International Standards incorporated in the Anti-Doping Rules.  
I consent and agree to the creation of my profile in WADA Doping Control Clearing House (ADAMS), as requested under WADA Code to which the FIVB, as an IF, is a signatory, and/or any other authorized National Anti-Doping Organizations (NADOs) similar system under the FIVB's agreement for the sharing of information, and to the entry on my doping controls, Whereabouts and Therapeutic Use Exemptions related data in this system. I acknowledge that I will have access and will be able to revise all personal information that I have provided through ADAMS. "
3. The Athlete and the FIVB agree that any dispute, controversy or claim arising out of or in connection with a decision made pursuant to the FIVB Medical and Anti-Doping Regulations, which cannot be settled amicably and which remains unsettled once the legal remedies established by the FIVB Medical and Anti-Doping Regulations and FIVB Disciplinary Regulations have been exhausted, shall be submitted exclusively to the Court of Arbitration for Sport (CAS) for final and binding arbitration in accordance with the Code of Sports-related Arbitration in force at the time a notice for arbitration is submitted, which shall be conducted in English with its seat in Lausanne, Switzerland."
4. I consent that certain personal information, such as my name and date of birth, may be disclosed to the public for a period of time in a final decision issued by the FIVB Disciplinary Panel in accordance with the FIVB's public disclosure requirements as a signatory of the World Anti-Doping Code.
5. I have read and understood this Acknowledgement and Agreement.

PLAYER SIGNATURE	DOCTOR NAME
SIGNATURE:	LAST NAME :  FIRST NAME :  SIGNATURE :

MEDICAL EXAMINATION :	PLACE	D	M	Y
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