



FOR REFEREES

The FA Refereeing Department - Level 5-4 Fitness Test Certificate

Prior to arrival at the test centre, please ensure that section 1 & 3 is complete.
The test invigilator will collect this certificate from you at the start of the test.

Failure to submit a fully completed card will result in you being unable to attempt the test.

Section 1:

Name		Fan	
Test date		Test venue	

Emergency Contact Details

Next of kin	
Address	
Contact Telephone No	

Please declare any existing medical conditions below

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I certify that I present myself mentally and physically fit to take this test and have declared any pre existing medical conditions.

Signature

Section 2: Result

Interval test completed with less than 2 warnings	YES	/ NO*	(*tick as appropriate)
2 x 50m sprints each in under 7.5 seconds?	YES	/ NO*	(*tick as appropriate)

PASS / **FAIL*** (*tick as appropriate)

Test invigilator	Signature
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Section 3: Referee Blood Pressure Reading

To the medical practitioner: The individual presenting this card is required to have a blood pressure test taken prior to attempting a fitness test. The test must be taken by a General Practitioner, Practice Nurse or similar professional, within 14 days of the test date to confirm the individual's blood pressure at this time. Please complete the sections below as appropriate.

Date of blood pressure test	/	/
Date of blood reading	/	/systolic / diastolic (mmHg)
Name & Occupation of Practitioner (please use block capitals):		
Signature of Practitioner		
Name & address of Medical Practice (please use practice stamp; If not available staple a copy of the practice letterhead as appropriate which MUST be signed and authorised by the Practitioner).		