

**This certificate must be uploaded in  
the online registration process.**

**FAKULTÄT FÜR SPORTWISSENSCHAFT**

Dean

Prof. Dr. Michael Kellmann

2nd Level, Room 2.101

Gesundheitscampus-Nord 10, 44801 Bochum

Office - Sport aptitude test

office hours: monday, wednesday, thursday,

11.00 a.m. - 1.00 p.m.

Fon +49 (0)234 32-19132

office hours: monday - thursday, 11.00 - 12.00

sporteignungstest@rub.de

www.sport.rub.de

**Medical Certificate**

**The medical certificate must not be older than three month**

Male  Female

Name: \_\_\_\_\_

Firstname: \_\_\_\_\_

Name at Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
signature (legal guardian in case of nonage) With my signature I confirm my daughter's/son's participation in the fitness test.

Herewith, I confirm that

Mrs./Mr.: \_\_\_\_\_

born on: \_\_\_\_\_

is plenary able-bodied for athletics and physical training. From the medical point of view, there are no reservations against his/her attendance at the sport aptitude test for the Bachelor study programme in the academic field of sport science. Also, there are no reservations to take up the study of sport science at Ruhr-University Bochum.

I also took notice of the performance requirements of the faculty of sport science at Ruhr-University Bochum.

\_\_\_\_\_

Signature and stamp of doctor

\_\_\_\_\_

Date