Sporta veids futbols MT grupa Treneris

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Ģimenes ārsta atzinums | Uzvārds Vārds | Apskates datums | Apskates laiks | Apskates rezultāts | Piezīmes |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |   |  |  |  |
|  |  |  |  |  |  |