

## MEDICAL CERTIFICATE

I, the undersigned Dr \_\_\_\_\_, Doctor of Medicine,

Certify that the examination of Mr/Ms \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

reveals no contraindications for participating in a cycling competition.

Medical certificate issued in (place):

Date: \_\_\_\_\_ Doctors sign: \_\_\_\_\_

Doctor Stamp :

