## **Medical certificate**

I, the undersigned Doctor \_\_\_\_\_,

on the examination of

Mr / Mrs \_\_\_\_\_

Born on \_\_/\_\_/\_\_\_\_

see no reason that the above participant cannot take part in a competitive cycling event in a mountainous environment.

Place \_\_\_\_\_ Date \_\_ / \_\_ / \_\_

Doctor's stamp

Doctor's signature



