

## **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 cycling competitions.

Medical certificate issued in (place): \_\_\_\_\_

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

Doctors Stamp:

