

## 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:

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