

# 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: \_\_\_\_\_ Doctor's signature: \_\_\_\_\_

Doctor's Stamp

