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: | |
| | |