

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:

Doctors stamp should include practice name, address, phone, Doctor's name, phone number etc.