

# Medical certificate

I undersigned Doctor \_\_\_\_\_ ,

Medical Doctor, certify having examined

M. / Mrs \_\_\_\_\_

Borned on \_\_\_ / \_\_\_ / \_\_\_\_\_

Declare I haven't found any clinical apparent signs against practicing cycling competition.

City \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Doctor's stamp



Doctor's signature

