

# Medical certificate

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

on the examination of

Mr/ Mrs \_\_\_\_\_

Born on \_\_\_ / \_\_\_ / \_\_\_\_\_

see no reason that the above participant cannot take part in a competitive cycling event in a mountainous environment

Place \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Doctor's stamp



Doctor's signature

