Medical Certificate

According to medical check ups the undersigned person is healthy and fit for competitive long distance cycling.

PATIENT

FIRSTNAME _____

SURNAME _____

ADDRESS _____

TOWN _____

COUNTRY _____

DATE OF BIRTH _____

EMAIL _____

DOCTOR

I the undersigned Dr _____, Doctor of Medicine

certify that the examination of above named patient reveals no contraindications for participating in cycling competitions.

FIRSTNAME _____

SURNAME _____

ADDRESS _____

TOWN _____

COUNTRY _____

TOWN, DATE _____

DOCTORS SIGNATURE _____

DOCTORS STAMP