

MEDICAL CERTIFICATE
Competitive sporting activity

The undersigned (licensed physician)

CERTIFIES THAT

Name:

Surname:

Date of birth:

Place of birth (town and country):

Address (street, postcode, town, country):

.....

According to the clinical investigations carried out, **does not present any contraindication related to competitive cycling activity.**

This certificate is valid for one year from today.

Expiration date (mandatory!)

Release date (mandatory!)

Place and date

Physician's signature (mandatory!)

Physician's stamp (mandatory!)