

SPORT MEDICAL CERTIFICATE



**ALTA VIA STAGE RACE
12-20 JUNE 2015**

Race number
(by the organizer)

I, the undersigned _____, Doctor of Medicine,

certify that the examination of Mr/Ms _____

date of birth ____/____/____ age _____

reveals no contraindications for participating in competitive cycling competitions.

Medical certificate issued in (place) _____

Date ____/____/____

Doctors sign _____

Doctor stamp

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