

## Medical certificate of fitness for sport

The Athlet \_\_\_\_\_

born \_\_\_\_\_

Team/Club \_\_\_\_\_

was examined by a sports doctor on \_\_\_\_\_.

The athlete is kept fully fit for sport.

There are no objections to the practice of competitive cycling.

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

\_\_\_\_\_  
Doctor's signature (Stamp)