

Medical Certificate of fitness to practice competitive cycling

Mr/Mrs/Ms (name, surname) _____

Born in (city, country) _____, _____

Date of birth (dd/mm/yyyy) _____

Based on an overall medical check, including blood pressure and electrocardiogram (ECG) tests,
performed on _____,

I certify that the person examined is deemed fit to practice competitive sports. This medical certificate is
valid for 1 year from the issue date.

Place and date

Stamp and signature of the medical doctor

☐ I, the undersigned, _____
declare that I am in good health and am able to participate in competitive cycling events.

Signature of cyclist