

**SPORT MEDICAL CERTIFICATE**



**ALTA VIA STAGE RACE  
12-20 JUNE 2020**

**Race number**  
(by the organizer)

I, the undersigned \_\_\_\_\_, Doctor of Medicine,

certify that the examination of Mr./Mrs. \_\_\_\_\_

date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ age \_\_\_\_\_

reveals no contraindications for participating in competitive cycling competitions.

Medical certificate issued in (place) \_\_\_\_\_

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

Doctors sign \_\_\_\_\_

Doctor stamp