

MEDICAL CERTIFICATE FOR COMPETITIVE CYCLING

First Name: _____ Surname: _____

ID: _____, Date of Birth: (dd/mm/yyyy) _____

Health Insurance: _____

Based on the clinical evaluation and corresponding examinations conducted, there are no contraindications for engaging in high-performance competitive or non-competitive cycling. Consequently, he/she is fit to compete in a Gran Fondo event, a cycling race with a distance between 55 km and 120 km.

This certificate is only valid for 12 months from the date of issuance.

Place: _____ Date: _____

Doctor's Signature: _____

Doctor's Stamp: _____