

CERTIFICADO MÉDICO DE APTITUD PARA CARRERAS DE CICLISMO

I certify that (name and surname) _____

ID/Passport: _____, according to the clinical evaluation and corresponding tests performed, does not currently present any contraindications for participating in competitive cycling activities of 5 km or more.

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

Place: _____

Date: _____

Signature and stamp: _____

License number: _____