

Race name:	6° Rally di Sardegna Mountain Bike 10-16 june 2013
------------	--

Race number:	
--------------	--

## MEDICAL CERTIFICATE

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

Certify that the examination of Mr/Ms \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

reveals no contraindications clinicals for participating in Mountain Bike competitions.

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

Date: \_\_\_\_\_ Doctors sign: \_\_\_\_\_

Doctors Stamp: