

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: