



## MEDICAL CERTIFICATE FORM (SAMPLE)

LA PINA Cycling Marathon – 15<sup>th</sup> July 2012

SURNAME	
NAME	
DATE OF BIRTH	SEX
ADDRESS	ZIP
CITY	STATE

I, undersigned Doctor \_\_\_\_\_ certify having examined Mr./Mrs./Miss \_\_\_\_\_ and find him/her capable of participating in competitive.

Date, stamp and signature are compulsory