



LA FUGA

## MEDICAL CERTIFICATE FOR SPORTIVE / GRANFONDO PARTICIPATION

I the undersigned Dr \_\_\_\_\_ Doctor of Medicine, certify that  
the examination of Mr / Ms \_\_\_\_\_ D.O.B. \_\_\_\_\_  
age \_\_\_\_\_ reveals no contraindications for participating in cycling competitions.

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

Doctor's signature: \_\_\_\_\_ Date: \_\_\_\_\_



Doctor's Stamp:

Official operators to:



Fuga Leisure Ltd trading as La Fuga  
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