## **Medical certificate**

I, the undersigned Doctor

on the examination of

Mr/ Mrs \_\_\_\_\_

Born on \_\_ / \_\_ / \_\_\_\_

see no reason that the above participant cannot take part in a cycling event in a mountainous environment on an altitude from 1000-2000m above sea level in Uganda.

Place \_\_\_\_\_ Date \_\_ / \_\_ / \_\_\_

Doctor's stamp

Doctor's signature

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