

MEDICAL CERTIFICATE

Date 20.				
l,	the cor	is <mark>ultant m</mark>	edical d	octor
at		(office)	
certify that I today	have examin	ied:		
Mr/M <mark>rs/Miss</mark> <mark></mark>				<mark>.</mark> ,
born <mark>on</mark>		and <mark>h</mark> ave	found	
him/h <mark>er to be i</mark> n go	od health ar	n <mark>d</mark> medical	ly fit for	race
riding.				

Doctor's signature