Cycling Association of Maharashtra
सायकलिंग असोसिएशन ऑफ महाराष्ट्र

Form 'C'

Medical Fitness Certificate (MFC)

Date: . . . /. . . ./ . . . . . .

Rider's Name : . . . . . .
Address : . . . . . .
. . . . . DOB: . . . /. . . ./ . . . . . .

Mobile No.. . . . . E mail . . . .

1. Temperature: . . . . . .
2. Heart Rate: . . . . . (3) RR (Respiratory rate) : . . . . . .
4. B.P. . . . . mm of Hg (5) SPO_2 % : . . . . . .
6. Height: . . . . . cm. (7) Weight: . . . . kg.
7. Skin Infection (If any): .....
   .....
8. Physical disability (If any): .....
   .....
9. Psychological disability (If any): .....
   .....

Above participant has been examine by me and gone through above medical test and found physically and psychologically (mentally) fit to participate in Cycling Event / Competition / Races (Road or Track or MTB or BMX Cycles).

Dr. Name. ..... Dr. Sign. .....

Registration No. : .....

Hospital Address: ..... Stamp

.....

Rider's Name : ..... Rider's Signature .....
सायकलपट्टूचे नांव सायकलपट्टूची सही

Father/Mother's Name: ..... **Father/Mother's** Signature .....
आई/वडलांचे नांव आई/वडलांची सही