

MEDICAL CERTIFICATE

To Motorcycling Western Australia,

RE:

Address:

Certification by Medical Practitioner

This is to certify that I examined the above named person.

In my opinion he/ she is medically fit to resume motorcycle activities, based on my clinical findings.

Yours sincerely,

Signed: _____

(Printed Name) _____

Provider Number: _____

Date: _____

Clinic Name or Stamp: _____