

*[Letterhead treating physician]*

To whom it may concern

I hereby confirm that I have knowledge of *[Pilots Full Name]* and *[her/his]* medical history. I am familiar with the potential risk of injuries that can occur in parathletic activities such as those performed at the CYBATHLON BCI Series 2019 as well as the physiological stress inherent in competitive situations such as CYBATHLON BCI Series races.

There appear to be no objections to *[her/his]* participation as a pilot in the CYBATHLON BCI Series 2019 from a medical standpoint that I am aware of.

To the best of my knowledge *[Pilots Full Name]* is fit for travel to/from the competition venue in Graz, Austria.

*[Date and location]*

*[Name, signature and stamp]*