

[Letterhead treating physician]

Declaration of medical fitness

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 2020 as well as the physiological stress inherent in competitive situations such as CYBATHLON races.

There appear to be no objections to [her/his] participation as a pilot in the [CYBATHLON discipline the pilot is participating in] from a medical standpoint that I am aware of.

[If applicable, otherwise remove:]

[Pilots Full Name] carries an active implantable medical device (AIMD). **I hereby confirm that the AIMD is certified and approved** according to the currently applicable medical safety standards regarding AIMDs (e.g. CE certified or similar). **From medical standpoint, there are no objections to travelling or participation** in CYBATHLON races with said AIMD.

To the best of my medical knowledge **I certify that [Pilots Full Name]** is fit for travel to/from the competition venue in Zurich, Switzerland.

[Date and location]

[Institution (if applicable), Name, signature and stamp]