

# Medical Devices Directive 93/42/EEG

## Declaration of Conformity acc. Annex VII

For

Class 1 Medical Devices

**Manufacturer's name:** Van Raam

**Manufacturer's address:** Aaltenseweg 56  
7051 CM Varsseveld  
The Netherlands

**Product:** Therapy tricycle

**Device Name:** OPair3

**Part number:** 383-XXXX

I, the undersigned, hereby declare that the equipment specified above, complies with the Essential Requirements of Medical Devices Directive 93/42/EEG. The Products are labelled with the CE-Mark according to the above Directive.

This product also complies with the Machine Directive 2006/42/EG.

Varsseveld, 02-11-2016

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**Place, Date of Issue**

  
\_\_\_\_\_  
**Signature, Name, Position**