

Medical certificate

I, the undersigned, Dr, qualified medical doctor,

Certify that my medical examination of :

- NAME :
- DATE OF BIRTH :
- AGE :

has not indicated any reason why the above-mentioned person should not take part in competitive cycling events

Signed at (place) :

Date :

Signature of doctor :

Doctor's official stamp :

All infos on this form are mandatory to take part to the cycling event