



MEDICAL CERTIFICATE

Attestation of no contra indications regarding competitive cycling

Under article 1.1.009 of FFC rules applying article L3622-2 of the Public Health Code.

Do be completed by the participant

Surname

First name

Sex Male Feminine

Date of birth/...../.....

Address

Postal code | _____ |

Town

Country.....

Do be completed by the Doctor

I the undersigned

Medical Doctor, attest that today's medical examination concerning Mr or Ms

Surname and First Name.....

Shows no evidence of any contra indications regarding competitive cycling.

At, on the.....

Stamp and signature of Doctor
