

Medical Certificate Certificat Medical



For participation in competitive cyclosporatives and non-competitive cyclotouriste events

**Pour la participation aux cyclosporatives
concurrentiels et aux événements non-compétitifs de cyclotouriste**

to be completed by competitor

<i>name</i> prenom	_____	<i>surname</i> nom	_____
<i>address</i> adresse	_____		
<i>town</i> ville	_____	<i>post code</i> code postal	_____
<i>birthdate</i> naissance	_____	<i>sex</i> sexe	<i>male</i> masculine _____ <i>feminine</i> feminine _____ <i>delete as appropriate</i>
<i>nationality</i> nationalite	_____		

to be completed by doctor

I the undersigned
Je soussigne _____

Doctor of Medicine can attest that today I examined
Docteur en médecine atteste que l'examen médical pratique ce jour chez

Mr *Mrs* *Miss*
Mr **Mme** **Mlle** _____
delete as appropriate

and could find no evidence to suggest they could not compete in a cycling competition
n'a pas mis en évidence de contra indication a la pratique du cyclisme de compétition.

dated this day
a date du jour _____

signed
signe _____

stamp

cachet