



Medical Certificate

Of suitability and fitness for the purposes of practicing competitive cycling abroad.

To be filled by you, the participant:

First name: _____ Surname: _____

Address: _____

Town: _____

County: _____ Country: _____

Tel: + (0) _____ Mobile: + (0) _____ +44 for UK

Emergency Contact Name: _____

Emergency Contact No: + (0) _____

To be filled by your GP/Doctor/Medical Practitioner:

I the undersigned, _____ Doctor of Medicine, see no reason that the above participant, on examination, cannot take part in competitive or non-competitive cycling.

Doctors Stamp

Doctors Signature

Date: _____

This document is only valid for one year from the above date