

# MEDICAL CERTIFICATE

Of suitability and fitness for the purposes of practicing competitive cycling

**To be filled by you, the participant:**

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Town: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact No: \_\_\_\_\_

**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.

Doctor's Stamp

Doctor's Signature

Date: