



J E R S E Y

Rouleurs

MEDICAL CERTIFICATE

CERTIFICAT MEDICAL

FOR PARTICIPATION IN COMPETITIVE CYCLOSPORTIVES AND NON-COMPETITIVE CYCLOTOURISTE EVENTS
POUR LA PARTICIPATION AUX CYCLOSPORTIVES CONCURRENTIELS ET AUX ÉVÉNEMENTS NON-COMPÉTITIFS DE CYCLOTOURISTE

TO BE COMPLETED BY THE COMPETITOR

Surname / Prenom:

Name / Nom:

Address / Adresse:

Town / Ville:

Postcode / Code Postal:

Date of Birth / Naissance:

Sex / Sexe: Male / Masculine Female / Feminine

Nationality / Nationalit:

TO BE COMPLETED BY A DOCTOR

I the undersigned / J'e'Soussigne:

Doctor of Medicine can attest that today I examined / Docteur en Medicine Atteste que L'examen Medical Practique ce jour chez

Mr / Mrs / Miss / Mr / Mme / Mlle:

And could find no evidence to suggest that they could not compete in a cycling competition / N'a pas mis en evidence de contra indication a la pratique du cyclisme de competition

Dated this day / A date du Jour: / /

Signed:

Stamp / Cachet



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Caesarea House, Rue a La Dame, St Saviour, Jersey, JE2 7NH