

Stamp of the doctor with address and phone number

\_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_

**COMPULSORY OFFICIAL MEDICAL CERTIFICATE**

*I, the undersigned Doctor, certify that I have examined*

Name \_\_\_\_\_

First name \_\_\_\_\_

Date of birth \_\_\_\_\_

Address/ Country \_\_\_\_\_ Nationality \_\_\_\_\_

*and find him / her capable of participating in long-distance cycling events .*

*This means that Mr / Mrs \_\_\_\_\_ has undergone a thorough clinical*

*Examination, has a body weight of \_\_\_\_\_ kg / Lbs, blood pressure of \_\_\_\_/\_\_\_\_, and a normal*

*electrocardiogram result. As a consequence, I can find no medical contra-indication to the subject's taking part in a 200 km, one-day cycling event.*

Dr. \_\_\_\_\_

Signed in \_\_\_\_\_

Date \_\_\_\_\_