



MEDICAL CERTIFICATE OF FITNESS FOR COMPETITIVE CYCLING EVENTS
(to be presented at the riders check-in desk in Dijon)

PLEASE USE BLOCK LETTERS ONLY

I, Dr. (Name, Surname)

HEREBY STATE THAT

Mr. / Mrs / Ms (Name, Surname)

born (City, Country)

on (dd/mm/yyyy)

_____ / _____ / _____

and resident at (address, city, country)

According to the results of medical check ups and examinations is currently healthy and fit to participate in competitive cycling events and in particular National Moutarde Crit Dijon N°6

Date (dd/mm/yyyy)

_____ / _____ / _____

Doctor's signature and stamp _____

NOTE! If possible, please also send a copy of this certificate via e-mail to contact@sportunit.com to speed up the accreditation process.

The original copy of this certificate must be presented to the riders check-in desk in Dijon.