

**MEDICAL CERTIFICATE**  
**of not contraindication in the practice**  
**of cycling in competition**

The undersigned Doctor, \_\_\_\_\_

Certifies to have examined this day Mrs. / Miss / Mr.:

Name: ..... First name: .....

Birthdate: \_\_\_ / \_\_\_ / \_\_\_\_\_,

And have noticed no contraindication in the practice of cycling in competition.

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_ (for L'ÉTAPE SPAIN BY TOUR DE FRANCE-: date> 21/11/2020)

Signature of doctor: \_\_\_\_\_

Professional stamp/seal and professional number: \_\_\_\_\_

**Only valid for 1 year. The issue date of the certificate may not be earlier than November 21<sup>st</sup>, 2019.**

In order to make sure that we treat all the certificates sent from different countries correctly, it is compulsory to use this form, **no other will be accepted.**

This medical certificate has to be filled in, dated and signed by the doctor, who stamps it and specifies his professional number.

This certificate must be uploaded to the rider's profile before October 16<sup>th</sup>, 2020. Failure to do by this date will lead to the annulment of registration without reimbursement.

***No one may take part in the race without having presented the medical certificate.***