



MEDICAL CERTIFICATE

of fitness for competitive cycling events
(Please use block letters only)

I, Dr.
(Name, Surname)

Hereby state that Mr., Mrs, Ms
(Name, Surname)

Born / / In

Resident at

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 Wish One Millau Grands Causes.

Place

Date (Not valid if older than 1 year at race day)

Doctor's signature
and stamp

Note! Please send a copy of this certificate via email to contact@wishonecycles.com to speed up the accreditation process. The original copy of this certificate must be presented to the riders check-in in Millau.