



20th firemen world championship of mountain bike
Inscription office: Comité Social du CSP de Nîmes (France)
Address: **endurance chrono BP 74 30310 VERGEZE** - phone number:
+334.48.06.01.85 / +336.25.96.14.56
E-mail: **contact@endurancechrono.com**



MEDICAL CERTIFICATE FOR THE 2017 FIREMEN WORLD CHAMPIONSHIP

Medical certificate of non-contraindication for non-adherents to the practice of biking in a competition level.
Medical certificate of less than a year before the competition

Engaging the 20th firemen world championship of mountain bike 2017

To be filled by the competitor:

Mr, Miss, Mrs, FIRST NAME:

SURNAME:

Date of birth: _____ place of birth: _____

Address: _____

Zip Code: _____ City: _____ Country: _____

Firemen corps: _____ or other: _____

Your E-mail: _____ @ _____ . _____ phone number: _____

To be filled by a doctor:

I, the undersigned Dr _____, certify after examining this day

Mr, Miss, Mrs: _____ that there is no medical
contraindication to the practice of mountain bike at a competition level.

Done in: _____ Date _____

Doctor signature and stamp: