



!!! Download the [form](#) on the internet page of your device and use Acrobat Reader DC !!! The form must be submitted days prior to the intended sanctioned event

To be sent by e-mail only:

Rider - First Name, Last Name:
Rider -
Rider - Date of birth:

I, as of the athlete , hereby certify that the rider was measured in accordance with the state of the art, on , in a height of cm.

Contact information (To be filled by the Head Medical Director / the Family Doctor):

First Name, Last Name:
Team (if Head Medical Director):
Professional phone number (with the area code):
Professional address:

Signature of the Head Medical Director / Family doctor: