

MEDICAL CERTIFICATE CYCLOSPORTIVES

2019

LAST NAME: MAEGAARD

FIRST NAME: JENS

GENDER: MALE / ~~FEMALE~~ (delete as appropriate)

DATE OF BIRTH: 01.12.1968

COUNTRY: DENMARK

I undersigned, Doctor
 certify that I have examined Mr/Mrs JENS MÆGAARD
 and find him/her able to participate in competitive cycling events.

DATE (COMPULSORY) : 15/02/2020

