



Airport Association Olympique Cycliste de Wissous

Dear Sir or Madam

In order to ensure that you receive the best possible care, we would ask you to complete the attached medical form as accurately as possible.

This form, for use by the medical service during the event, may be sent to a hospital if necessary. It will be destroyed at the end of the Paris - Nice 2024 event.

Medical service personnel (doctors, nurses, first-aiders) are bound by medical secrecy.

If your treatment changes, you should inform the medical service during the 1st stage of this 21st edition of Paris - Nice Cyclo.

This medical form, together with your stress test and, if applicable, a copy of your most recent electrocardiogram, must be sent before 15 May 2024 to Mr Bernard MALLEVILLE, who is responsible for medical assistance within the Organising Committee of the 21st Paris - Nice Cyclo:

*- By post in an envelope marked: "CONFIDENTIEL MEDICAL".
Bernard MALLEVILLE - 6 Rue André Dolimier - 91320 WISSOUS France*

- Or by e-mail: michelemalleville@yahoo.fr

The medical team

*Bernard MALLEVILLE
6 Rue André Dolimier
91320 WISSOUS
France
Tel : 06 10 01 82 65*

MEDICAL FORM
Paris - Nice Cyclo 2024

Bib N° :

NAME:First name:

Date of birth:/...../.....

Address:

Postcode:City:Country:

Social security number:Blood group:

Name of mutual insurer:

Contract no.:

Address:

Person to contact in the event of an accident:

NAME:First name:

Tel:

Medical history :

Surgical history :

Current treatment: (anticoagulant)

Allergies :

Food intolerance

Date of last electrocardiogram:/...../.....(attach a copy if necessary)

Date of exercise test for cycle tourists:/...../ (attach copy of test)