



MEDICAL CERTIFICATE
of no contraindication to practice
Cycling in competition

The undersigned, Dr./Dr. _____

Bachelor of Medicine and General Surgery, specialist in _____

_____ and number of collegiate _____

Certifies having examined today Mrs./Mr.:

Name: _____ Surname: _____

Identification Document number (DNI, NIE or PASSPORT): _____

Date of birth: ___/___/_____

After a medical examination with the completion and assessment of the appropriate complementary tests, **he/she does not have an infectious-contagious disease or psychophysical or cardiac pathology**, which prevents him/her from performing competitive cycling, so he/she is **SUITABLE** for its development.

Certificate issue date: ___ / ___ / _____ (for ŠKODA TITAN DESERT MOROCCO 2025: from 01/05/2025 to 06/05/2025)

Doctor's Signature and Seal:

Valid for 1 year only. The certificate issuance date cannot be earlier than May 06th, 2024.

To ensure that we correctly treat all certificates sent from different countries, it is mandatory to use this form, **no others will be accepted.**

This medical certificate must be completed, dated and signed by the doctor, who stamps it and specifies its collegiate number.

This certificate must be uploaded to the participant's profile before registration closes.

Otherwise, the registration will be cancelled without refund.

No one may take part in the race without having presented a medical certificate.