

MEDICAL CERTIFICATE
of not contraindication in the practice
of 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 ALMERIA 2026: from 01/10/2026 to 04/10/2026)

Doctor's Signature and collegiate seal:

Only valid for 1 year. The issue date of the certificate may not be earlier than October 4th, 2025.

In order to make sure that we treat all the certificates sent from different countries correctly, it is compulsory to use this form, **no other will be accepted**.

This medical certificate has to be filled in, dated and signed by the doctor, who stamps it and specifies his professional number.

This certificate must be uploaded to the rider's profile before closing the registrations. Failure to do by this date will lead to the annulment of registration without reimbursement.

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