

**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 2026: from 26/04/2026 to 01/05/2026)

**Doctor's Signature and Seal:**

**Valid for 1 year only.** The certificate issuance date cannot be earlier than May 01<sup>st</sup>, 2025.

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.***