

MEDICAL CERTIFICATE
of not contraindication in the practice
of cycling in competition

The undersigned Doctor, _____

Certifies to have examined this day Mrs. / Miss / Mr.:

Name: First name:

Birthdate: ____ / ____ / _____,

And have noticed no contraindication in the practice of cycling in competition.

Issue date: ____ / ____ / _____ (for TITAN DESERT - MTB Stage Race 2024: 28/04/2024-03/05/2024)

Signature of doctor:

Professional stamp/seal and professional number: _____

Only valid for 1 year. The issue date of the certificate may not be earlier than May 4th, 2023.

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 registrations closing. 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.