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 CREAND TITAN MOUNTAIN ANDORRA 2027: from 25/06/2027 to 27/06/2027)

Doctor's Signature and Seal:

Valid for 1 year only. The certificate issuance date cannot be earlier than June 27th, 2026.

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.