



## MEDICAL CERTIFICATE

To whom it may concern,

I, the undersigning Dr \_\_\_\_\_, Doctor of Medicine with  
collegiate doctors number \_\_\_\_\_,

certify that the examination of Mr/Ms \_\_\_\_\_

Date of birth: \_\_\_\_\_ ID card or Passport: \_\_\_\_\_

reveals no contraindications for taking part in an event like Transpyr (tick the participating modality):

- GRAN RAID MTB or BACKROADS** (cycling event of 7 days with an average over 100km of rided distance and 2.500 of positive elevation per day. <https://mtb.transpyr.com> / <https://road.transpyr.com>)
- WEST** (cycling event of 4 days with an average over 100km of rided distance and 2.500 of positive elevation per day. <https://mtb.transpyr.com/modalidades-de-inscripcion/>)
- EAST** (cycling event of 3 days with an average over 100km of rided distance and 2.500 of positive elevation per day. <https://mtb.transpyr.com/modalidades-de-inscripcion/>)
- E-TRANSPYR** (cycling event of 7 days in electric bike with an average over 100km of rided distance and 2.500 of positive elevation per day. <https://mtb.transpyr.com/modalidades-de-inscripcion/>)
- RELAY C2C** (cycling event of 7 days with an average over 50km of rided distance and 2.000 of positive elevation per day <https://mtb.transpyr.com/modalidades-de-inscripcion/>)

which will take place from the 9<sup>th</sup> to 15<sup>th</sup> of June 2024 in the Pyrenees.

Medical certificate issued in (place): \_\_\_\_\_

Date of issue: \_\_\_\_\_

(\*The date of issue have to be after 1<sup>st</sup> January 2024)

Validity until (date): \_\_\_\_\_

(\*Mandatory data to validate this document)

Doctor's stamp and signature:

**\* This certificate must be sent to [registro@transpyr.com](mailto:registro@transpyr.com) before June 1.**