TRANSVÉSUBIENNE 2026 | **4 OCTOBER 2026**

MEDICAL CERTIFICATE

No contraindication to competitive mountain biking

IMPORTANT This document must be completed, dated, signed and stamped by a medical doctor. It must explicitly cover competitive cycling or mountain biking.

PARTICIPANT DETAILS

LAST NAME	FIRST NAME
DATE OF BIRTH	PHONE NUMBER (OPTIONAL)
ADDRESS	POSTCODE / CITY

MEDICAL CERTIFICATION

I, the undersigned medical doctor,

.....

hereby certify that I have examined Mr/Ms .....

and have found no medical contraindication, as of today, to their participation in competitive cycling, particularly mountain biking (MTB).

This certificate has been issued at the participant's request and handed directly to them for all legal purposes.

PLACE	DATE
DOCTOR'S NAME, CONTACT DETAILS AND STAMP	DOCTOR'S SIGNATURE

For the 2026 Transvésubienne: this certificate must be issued less than one year before the event date.