



Health Certificate for cardiovascular intensive sport activity
(cycling races/events)

Mr/Mrs/Ms (name, surname)

Born (city, country)

on (dd/mm/yyyy)

The subject, according to clinical investigations carried out, doesn't present any contraindication related to sport to cardiovascular intensive activity.
(cycling races/events)

This certificate is valid one year from this date.

Place _____

Date _____

Physician's signature:

Physician's stamp

P.N. ALL FIELDS MUST BE COMPLETED. WILL NOT BE ACCEPTED WITHOUT STAMP.