

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 for

This certificate is valid one year from this date.

Physician's signature:

Physician's stamp

Place.....

Date.....