

Medical Certificate - Cardiovascular intensive activities

I, the undersigned doctor

certify that the medical examination of:

Surname: _____

First name: _____

Born on the ___/___/_____, in

Resident in _____

does not reveal any contraindication to the practice of the competitive athletics sport activity (ultra - cycling | The Unknown Race)

Date: ___/___/_____ Place: _____

Signature of doctor:

Professional stamp: