

**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