

**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