



**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.

Physician's signature:

Physician's stamp

Place.....

Date.....