



## 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: \_\_\_\_\_