

**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 and date _____