

**Health Certificate for cardiovascular intensive sport activity
(cycling races/events)**

Mr/Mrs/Ms (name, surname)

Born on (dd/mm/yyyy) in (city,country)

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: