



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 stamp

Physician's signature

Place and date.....



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