



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

Mr/Mrs/Ms (name, surname) .....  
Born (city, country) .....  
on (dd/mm/yyyy) .....

According to clinical investigations, the subject doesn't present any contraindication related to sport to cardiovascular intensive activity. (cycling races/events).

This certificate is valid for one year from this date.

Place.....

Date.....

Physician's signature:

Physician's stamp