

**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.**

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**Physician's signature:**

**Physician's stamp**

**Place**

**Date**