



HEALTH CERTIFICATE FOR COMPETITIVE SPORT ACTIVITY

Mr/Mrs/Ms (name, surname) _____

Born (city, country) _____

Date of birth (dd/mm/yyyy) _____

The subject, according to the clinical investigations carried out, does not present any contraindication related to competitive cycling sport activity.

This certificate is valid one year as from today.

Place: _____

Date (dd/mm/yyyy): _____

Physician's signature: _____

Physician's stamp: _____