



# 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: \_\_\_\_\_