



HEALTH CERTIFICATE FOR COMPETITIVE SPORT ACTIVITY

Mr/Mrs/Ms (name, surname)

Born (city, country)

Date of birth (MM/DD/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: _____

Physician's signature: _____

Physician's stamp: _____