

HEALTH CERTIFICATE FOR COMPETITIVE CYCLING 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** activity.

This certificate is valid one year as from today.

Place.....

Date.....

Physician's signature (**mandatory**):

Physician's stamp (**mandatory**)