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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.

Place……

Date…….

. Physician's signature:

Physician's stamp