



# delle Dolomiti **Giro**

ASD Giro delle Dolomiti  
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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

ISTITUTIONAL PARTNER



AFFILIATED



PATRONAGE

