

HEALTH CERTIFICATE FOR COMPETITIVE CYCLING

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 activity of competitive CYCLING.

This certificate is valid one year as from today.

Place.....

Date.....

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Physician's signature (mandatory !)

Physician's stamp (mandatory !)