



2025 HEALTH CERTIFICATE FOR COMPETITIVE SPORT ACTIVITY

I, the undersigned Doctor, certify that I have examined

Name _____

First name _____

Date of birth _____

Address _____

Country _____ Nationality _____

and find him / her capable of participating in long-distance cycling events.

This means that Mr / Mrs _____ has undergone a thorough clinical examination, has a body weight of _____ kg / Lbs, blood pressure of _____ / _____, and a normal stress electrocardiogram result.

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

Stamp of the doctor with address and phone number
