



2025 HEALTH CERTIFICATE FOR COMPETITIVE SPORT ACTIVITY

I, the undersigned Doctor _____ certify that I have examined, Mr/Mrs

Name _____

First name _____

Date of birth _____

Address _____

Country _____ Nationality _____

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

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