

Medical Certificate
Competitive sport activity

The undersigned (licensed physician),

certify that

NameSurname.....

Born.....in.....

Resident in.....in.....

The subject, according to the clinical investigations carried out, does not present any contraindication related to competitive **cycling** activity.

This certificate is valid one year as from today.

Expiration date (**mandatory !**)

Release date (**mandatory !**)

.

Place.....

Physician's signature (**mandatory !**)

Physician's stamp (**mandatory !**)