



Medical Certificate for Competitive Sport Activity

The undersigned (licensed physician), certifies that

Name.....Surname..... Born.....in.....

Resident in (address).....in (Country).....

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.

Please complete all these mandatory fields

Expiration date

Release date

Physician's signature

Physician's stamp

Place.....