

Medical Certificate for Competitive Sport Activity

(for foreigners non Italians)

The undersigned (name, surname of licensed physician)

certifies that

Name.....Surname.....

Born (date).....in (city).....

Resident in (address).....

(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

Release Date and Place

Expiration Date

Physician's signature

Physician's stamp