



Granfondo del Gallo Nero

Health Certificate for cardiovascular intensive sport activity (cycling races/events)

Mr/Mrs/Ms (name, surname) _____

Born (city,country) _____

on (dd/mm/yyyy) _____

The subject, according to clinical investigations carried out, doesn't present any contraindication related to sport to cardiovascular intensive activity. (cycling races/events).

This certificate is valid one year from this date.

Place _____ Date _____

Physician's signature

Physician's stamp