

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

ALLEGATO 3
ITA

Cachet du médecin

Lieu, Date

**Certificat Médical de non contre indication à la
pratique du cyclisme en competition**

Je soussigné Docteur
certifie avoir examiné ce jour

M/Mme
date de naissance

Son état de santé ne présente aucune contre indication à la
pratique en competition:
-
du cyclisme

Signature du médecin:

Article L 231-3 du code du sport:
ce certificat médical est valable 1 an
sa photocopie peut etre fournie pour la participation aux
preuves sportives

ALLEGATO 3
ITA

Sig./Sig.ra (nome, cognome)

.....

Nato/a a (città, Paese)

.....

il
(gg/mm/aaaa)

.....

Il/la soggetto/a, in base agli accertamenti clinici effettuati, non presenta alcuna controindicazione alla pratica sportiva di attività cardiovascolare intensa (gare/eventi di ciclismo).

Il presente certificato ha validità di un anno dalla data odierna.

Luogo

Data

Firma del medico:

Timbro del medico