

**Medical Certificate**  
**Endurance sport activity**

The undersigned ..... (licensed physician),

certify that

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

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

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

The subject, according to the clinical investigations carried out, does not present any contraindication related to endurance **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 !**) .....