

**HEALTH CERTIFICATE FOR COMPETITIVE SPORTS PRACTICE  
WITH PARTICULAR CARDIOVASCULAR COMMITMENT \*  
(Art. 4 of Ministerial Decree 164 / 24.04. 2013) FAC-SIMILE**

**TO BE FILLED IN AND SENT BY EMAIL TO:** info@proseccocycling.it

Mr/Mrs Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Born in: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Resident in : \_\_\_\_\_ Postal Code: \_\_\_\_\_ City: \_\_\_\_\_

The Subject, on the basis of the medical examination of the detected blood pressure values as well as of the ECG trace report performed on: \_\_\_\_\_ (dd / mm / yyyy) carried out by the undersigned does not show contra-indications to the practice of competitive sporting activity.

The certificate is valid for one year from the data of issues.

Place and date: \_\_\_\_\_

Stam and signature of the certifying doctor: \_\_\_\_\_

**\* THE CERTIFICATION FOR COMPETITIVE SPORTS PRACTICE WITH A PARTICULAR CARDIOVASCULAR ACTIVITY MUST BE DRAWN UP ACCORDING TO THE FOLLOWING MODEL OR EQUIVALENT.**