

**HEALTH CERTIFICATE FOR CARDIOVASCULAR  
INTENSIVE SPORTS ACTIVITY  
(Art. 4 del D.M. 164/24.04.2013) FAC-SIMILE\***

**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 medical tests, detected blood pressure values, as well as of the ECG tracing reported on: \_\_\_\_\_ (dd / mm / yyyy) does not present any contraindications to the practice of competitive sports 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 OF PARTICULAR CARDIOVASCULAR ACTIVITY MUST BE DRAWN UP ACCORDING TO THE FOLLOWING FAC- SIMILE MODEL ON HEADED PAPER OF THE CERTIFYING DOCTOR.