

**(fac-simile)**  
**HEALTH CERTIFICATE FOR CARDIOVASCULAR INTENSIVE  
SPORTS ACTIVITY (COMPETITIVE CYCLING RACES/EVENTS)**  
**(Art. 4 of Italian Ministerial Decree No. 164/24.04.2013)**

**TO BE FILLED IN AND SENT VIA EMAIL TO:** info@proseccocycling.it  
**TO BE ATTACHED:** Identification Document (ID)

I hereby certify that Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Born in: \_\_\_\_\_ Date of birth: \_\_\_\_\_ ( dd / mm / yyyy )

On the basis of medical tests, detected blood pressure values, as well as of the ECG tracing report performed on: \_\_\_\_\_ ( dd / mm / yyyy ) (please specify the date), does not present any contraindications to the practice of competitive sports activity (cycling races/events).

This certificate is valid for one year from the date of issue.

Place: \_\_\_\_\_

Date: \_\_\_\_\_ ( dd / mm / yyyy )

The certifying physician  
Signature and stamp