Medical Certificate for Non-Competitive Cycling or Other Low Cardiovascular Intensity Sports

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 to the practice of non-competitive sporting activities.

This certificate is valid one year from this date.

Place……

Date……..

Physician's signature:

Physician's stamp