

**Health Certificate for cardiovascular intensive sport activity
(cycling races/events)**

The undersigned.....(licensed physician)

CERTIFIES THAT

Name:

Surname:

Date of birth:

Place of birth (town and country):

Address (street, postcode, town, country):

.....

The subject, according to clinical investigations carried out, doesn't present any contraindication related to sport to cardiovascular intensive activity (cycling races/events) over several days such as Ultrabiking Sardinia Xtreme (distance 1000km, elevation 20.000m).

This certificate is valid for one year from today.

Expiration date (mandatory!)

Release date (mandatory!)

Place and date

Physician's signature (mandatory!)

Physician's stamp (mandatory!)