

MEDICAL CERTIFICATE FOR COMPETITIVE SPORT ACTIVITY
(ONLY CAPITAL LETTERS)

The certificate complies with Italian law (DM 18/02/1982).

To ensure that all certificates submitted from different countries are processed correctly, it is mandatory to use this form. No other forms will be accepted.

The medical certificate must be completed, dated, signed and stamped by the doctor.

Please note: No one will be allowed to take part in the race without a valid medical certificate.

Surname: First name:

DoB: ____ / ____ / _____, in

Country of residence:

The medical examination revealed no contraindications for participating in competitive cycling.

This certificate will expire on ____ / ____ / _____ .(mandatory)

dd / mm / yyyy

Date: ____ / ____ / _____

dd / mm / yyyy

Name and Signature of the doctor:

Stamp