

**HEALTH CERTIFICATE FOR COMPETITIVE SPORTS PRACTICE
WITH PARTICULAR CARDIOVASCULAR COMMITMENT
(Art. 4 of Ministerial Decree 164 / 24.04. 2013) FAC-SIMILE**

TO BE FILLED IN AND 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 the medical examination of the detected blood pressure values as well as of the ECG trace report performed on: _____ (dd / mm / yyyy) carried out by the undersigned does not show contra-indications to the practice of competitive sporting 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 WITH A PARTICULAR CARDIOVASCULAR ACTIVITY MUST BE DRAWN UP ACCORDING TO THE FOLLOWING MODEL OR EQUIVALENT.**