

**Health Certificate for cardiovascular intensive sport activity  
(events)**

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 related to sport to cardiovascular intensive activity.

(events)

This certificate is valid one year from this date.

Physician's signature:

Physician's stamp

Place.....

Date.....