

**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):

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 19.000m).

This certificate is valid for one year from today.

Place and date

Physician's signature (mandatory!)

Physician's stamp (mandatory!)