



**CBTF HEALTH CERTIFICATE  
2024 WORLD BATON TWIRLING CHAMPIONSHIP  
HELSINGBORG, SWEDEN**

This is to certify that I have, this day, examined \_\_\_\_\_  
(Athlete Name)

and find him/her to be in adequately good health to be permitted to compete in the following athletic event (barring any unforeseen emergency situations):

**IBTF WORLD BATON TWIRLING CHAMPIONSHIP  
AUGUST 2024  
HELSINGBORG, SWEDEN**

Remarks:

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Provincial Health Services Number: \_\_\_\_\_

Other Health Insurance: \_\_\_\_\_  
(Provider/Policy Number)

\_\_\_\_\_  
**Physician Signature** **Date**

\_\_\_\_\_  
**Full address of office, clinic or location of examination** **Phone** (\_\_\_\_\_)\_\_\_\_\_

**All athletes must declare any medical support/brace worn for the prevention of injury as deemed necessary by a physician. A copy of a medical form to substantiate the use of the support/brace must accompany this certificate.**