



**CBTF HEALTH CERTIFICATE
2019 INTERNATIONAL CUP & GRAND PRIX
LIMOGES, FRANCE**

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):

**WBTF INTERNATIONAL CUP &/OR IBTF GRAND PRIX
AUGUST 2019
LIMOGES, FRANCE**

Remarks:

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.