



**CBTF HEALTH CERTIFICATE
2025 NATIONS CUP & WORLD TECHNICAL
BATON TWIRLING CHAMPIONSHIP
TORINO, ITALY**

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):

**INTERNATIONAL BATON TWIRLING FEDERATION
NATIONS CUP &/OR TECHNICAL BATON TWIRLING CHAMPIONSHIP
AUGUST 2025
TORINO, ITALY**

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.**