IPC SWIMMING

MEDICAL WITHDRAWAL FORM

Note: This form must be certified by a Medical Doctor or Physiotherapist and submitted thirty (30) minutes before the start of the session. A medical withdrawal from a final shall be reported thirty (30) minutes following the conclusion of the heats of the respective event or in the case of certain circumstances within one hour prior to the commencement of a final

Date: D D M M Y Y Y Y

Athlete's Details:

NPC:

Family Name:

Given Name:

Date of birth: D D M M Y Y Y Y Male: ☐ Female: ☐

Class: S ☐☐ SB ☐☐ SM ☐☐

Events Withdrawn From:

Event No.	Heat No.	Distance	Stroke

Reason for Medical Withdrawal: _____

_____

_____

_____

Doctor/Physiotherapist Name: _____

Doctor/Physiotherapist Signature: _____

Received By: _____Signature: _____

Date & Time: D D M M Y Y Y Y H H : M M