



# PARA-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 (mm/dd/yyyy) \_\_\_\_\_ Male  Female

Athlete's Club/NPC \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Class S \_\_\_\_\_ SB \_\_\_\_\_ SM \_\_\_\_\_

Events Withdrawn From:

Event #	Heat #	Distance	Stroke

Reason for Medical Withdrawal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor/Physiotherapist Name (Please Print) \_\_\_\_\_

Doctor/Physiotherapist Signature \_\_\_\_\_

Received By – Name (Please Print) \_\_\_\_\_

Received By - Signature \_\_\_\_\_

Date and Time (mm/dd/yyyy & hh:mm) \_\_\_\_\_