Medical Withdrawal Request

Submitted by | NPC

Position | SDMS No

Date | Time | Phone number | Class

/ / | : |

Athlete Name | Event | Gender

Explanation if request is being made less than 24 hours prior to the event:

Reason for withdrawal:

Time of injury or illness onset :

Symptom history

Current symptoms

Results of diagnostic studies (please attach all supporting documents including, but not limited to, imaging, examination results, etc.)

Provisional diagnosis

Reason for which the injury or illness would create unsafe circumstances for the athlete to compete:

Treatment plan

Medication

Interventions

Bracing/splinting/orthotics

Activity Modification

Anticipated return to competition

Athlete Name | Signature

Physician Name | Signature

The form must be signed by the athlete and the Team physician or the LOC physician.

FOR WORLD PARA POWERLIFTING USE ONLY

Approved | Denied

Comments

Name

Signature | Time | Date

: | / /

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