

# Medical Withdrawal Request



Submitted by	<input type="text"/>	NPC	<input type="text"/>
Position	<input type="text"/>	SDMS No	<input type="text"/>
Date	<input type="text"/>	Time	<input type="text"/>
<input type="text"/>	<input type="text"/>	Phone number	<input type="text"/>
Athlete Name	<input type="text"/>	Event	<input type="text"/>
<input type="text"/>	<input type="text"/>	Gender	<input type="text"/>

Explanation if request is being made less than 2 hours prior to the event

<input type="text"/>
<input type="text"/>
<input type="text"/>

**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.)

<input type="text"/>
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Provisional diagnosis

<input type="text"/>
<input type="text"/>

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

<input type="text"/>
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**Treatment plan**

Medication

Interventions

Bracing/splinting/orthotics

Activity Modification

Anticipated return to competition

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

Athlete Name	<input type="text"/>	Signature	<input type="text"/>
Physician Name	<input type="text"/>	Signature	<input type="text"/>

**For World Para Alpine Skiing use only**

Approved  Denied

Comments

<input type="text"/>
<input type="text"/>
<input type="text"/>

Name

Signature

Time

 : 

Date

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