





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

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

Athlete Name

Signature

Physician Name

Signature

---

**For World Para Swimming use only**

Approved ☐

Denied ☐

Comments

Name

Signature

Date & Time:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

H	H	:	M	M
---	---	---	---	---