



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 to the Sport Information Desk (SID), in accordance to Regulation 6.3 of the World Para Swimming Rules and Regulations 2026.

Date:

D	D	M	M	Y	Y	Y	Y
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H	H	:	M	M
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Submitted by

NPC

Athlete's Details:

NPC:

Family Name:

Given Name:

Date of birth:

Class:

D	D	M	M	Y	Y	Y	Y
S			SB			SM	

Male:

Female:

Events Withdrawn From:

Event No.	Heat No.	Distance	Stroke

Reason for Medical Withdrawal:

Time and date of injury or illness onset:

D	D	M	M	Y	Y	Y	Y
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H	H	:	M	M
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Symptom History

Current Symptoms

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



Provisional diagnosis

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

Treatment Plan:

Medication

Medication
Interventions

Bracing/splinting/orthotics

Bracing/splinting/orthotics
Activity Modification

Activity Modification

Activity Modification
Anticipated return to competition

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

Comments

Name

Signature

Name	Signature
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Date & Time:

D D M M Y Y Y Y

H H : M M