





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

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**For World Para Swimming use only**

Approved

Denied

Comments

Name

Signature

Date & Time: