

This form is to be used for **any withdrawal** from competition and must be signed by the Skater. The type of withdrawal reason, **NON-MEDICAL** or **MEDICAL**, must be completed below.

If the withdrawal is for **NON-MEDICAL** reasons:

- This Form must be signed by the Team Leader (if present) and presented to the ISU Event Referee / ISU Event Coordinator.

If the withdrawal is for **MEDICAL** reasons:

- This Form must be signed by the Team Physician (if present) or Chief Medical Officer (CMO) and the ISU Medical Advisor (if present), and presented to the ISU Event Referee / ISU Event Coordinator

and

- in order to be compliant with the ISU Rule 140 para 5c. of the ISU Constitution and General Regulations 2018, the ISU Medical Form (Medical Information Package #30) **must** be completed on-line (<https://www.isu.org/clean-sport/medical/isu-medical-form>)

Please tick the correct box: **NON-MEDICAL REASON*** **MEDICAL REASON***

ISU Event: _____ Date: _____

Place / City / Country: _____

Skater Name: _____ Sport Nationality: _____

Estimated date of return to competition
(Do not insert Medical Information here): _____

NON-MEDICAL Reason, detailed information of the reason of the withdrawal:

* **MEDICAL** reason, ISU Medical Form completed on line: YES or NO
(<https://www.isu.org/clean-sport/medical/isu-medical-form>)

Skater signature: _____

NON-MEDICAL WITHDRAWAL		MEDICAL WITHDRAWAL	
Name	Signature	Name	Signature
Team Leader		Chief Medical Officer / Medical Advisor	
		Team Physician	

This document must be sent by the ISU Event Referee / ISU Event Coordinator to the ISU Office at medical@isu.ch