

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.

1. 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 Manager.
2. 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 Manager **and**

in order to be compliant with the ISU Rule 140 para 5 of the ISU Constitution and General Regulations 2022, the ISU Medical Form (Medical Information Package # 9) **must** be completed on-line.  
(<https://www.isu.org/clean-sport/medical/isu-medical-form>)

**Please tick the correct box:**      **1. NON-MEDICAL REASON**                      **2. MEDICAL REASON**

ISU Event: \_\_\_\_\_ Date: \_\_\_\_\_

Competition / distance / segment: \_\_\_\_\_

Place / City / Country: \_\_\_\_\_

Skater Name: \_\_\_\_\_ Gender:  Men     Women

ISU Member: \_\_\_\_\_ Estimated date of return to competition: \_\_\_\_\_

1. **NON-MEDICAL** Reason, detailed information of the reason of the withdrawal (Do not insert medical information here):

\_\_\_\_\_

\_\_\_\_\_

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

Skater signature: \_\_\_\_\_

| 1. NON-MEDICAL WITHDRAWAL |           | 2. 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 Manager to the ISU Office at [medical@isu.ch](mailto:medical@isu.ch)