

REQUEST FOR WITHDRAWAL



Request Lodged on Behalf of:

NPC: _____

Athlete: _____ Class _____ SDMS Number _____

Event: _____ Request Lodged by: _____

Reason for the Request

Action Requested:

Signature: _____

For Medical Officer Use Only

Appeal submitted at: _____

Date: _____

Decision of the Medical Officer

The Request is approved /Rejected:

(Delete as applicable)

Further information is attached.

Date and time: _____ Signature Med Off.: _____

The Request is approved /Rejected:

Date and time: _____ Signature TD: _____

Decision of the Medical Panel



Athlete Name _____

Large grey rectangular area, likely a placeholder for a photograph or additional information.

The appeal is rejected / accepted

Notes

Large empty rectangular box for notes.

Medical Officer Name

Signature

This form is to be attached to the original appeal form.