WITHDRAWAL NOTIFICATION FORM

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: __________________________

Place / distance / segment: __________________________

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: _____________________________

<table>
<thead>
<tr>
<th>1. NON-MEDICAL WITHDRAWAL</th>
<th>2. MEDICAL WITHDRAWAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Signature</td>
</tr>
<tr>
<td>Team Leader</td>
<td></td>
</tr>
<tr>
<td>Team Physician</td>
<td></td>
</tr>
</tbody>
</table>

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