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.

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: _______________________________

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

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