**ATHELTE WITHDRAWAL FORM DUE TO INJURY/ILLNESS**

**DURING THE COMPETITION EVENT PERIOD**

**I, hereby withdraw the competition due to injury occurred under the following circumstances:**

|  |  |
| --- | --- |
| NAME OF THE COMPETITION (City/Country)  |  |
| DATE OF REPORTING (DD/MM/YY) |  |
| NAME OF NATIONAL ASSOCIATION |  |
| ATHELTE NAME(family name in capital letter) |  |
| GENDER | [ ] MALE [ ] FEMALE  |
| WT GAL Number |  |
| Date of Birth | (Day/ Month/ Year) |
| Weight Division |  Kg |
| Date and place of the Injury/Illness |  |
| Explanation of the Injury/Illness(what and how happened) |  |
| Diagnosis of the injury/Illness |  |
| Reason for Withdrawal(explain why the injured/ill athlete needs to be withdrawn from the competition) |  |
| Name of the Head of Team(or team doctor) |  |
| Signature of Head of Team (or team doctor) |  |

**MEDICAL EXAMINER (WT/CU Medical Chair, WT CMD or OC OMD only) NAME, SIGNATURE OR STAMP**

**MNA PRESIDENT (OR HEAD OF TEAM) NAME, SIGNATURE or STAMP**

**\* IMPORTANT: This form can be used for withdrawal from the competition if the injured or ill athlete is in the venue and he/she is not medically fit to compete.**

**This form will be accepted only if**

**(1) The athlete is examined by either WT Medical Chair, CU Medical Chair, WT Commissioned Doctor or OC Official Medical Director in the venue or hospital consultant of the designated hospital during the competition event period**

**(2) These documents shall be emailed to WT sports department (sport@worldtaekwondo.org) and WT Medical Chairperson (****frank@docdueren.de) within** **1 week after the onset of the injury or illness.**