Medical Confirmation Form

To be completed by any fencer wishing to withdraw from an FIE event. The completed form should be emailed to [headoffice@britishfencing.com](mailto:headoffice@britishfencing.com). The FIE will fine any athlete that fails to notify them of withdrawal or fails to provide sufficient and adequate information for the withdrawal. Please complete carefully and in full. Athletes will be solely liable for any FIE fines incurred.

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| **Name of Athlete** |  |
| **Address of Athlete** |  |
| **Weapon** |  |
| **Event** |  |
| **Event Date/s** |  |
| **Please state your reasons for withdrawing from the Event** |  |
| **Signature of Athlete**  Date: | |
| **Name of Medical Officer** |  |
| **Address of Medical Officer** |  |
| **Address of Surgery/Clinic** |  |
| **Details of Injury/Reason for withdrawal of the Event** |  |
| **Signature of Medical Officer**  Date: |  |