



## MEDICAL HARDSHIP-WAIVER REQUEST FORM

[Instructions: The institution must complete this form and return it with all necessary supporting information to the conference office prior to the waiver being considered. Only waivers that meet the requirements set forth in NCAA Bylaw 14.2.5 will be approved.]

\_\_\_\_\_  
Student-athlete (last, first, middle)

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Year in school

\_\_\_\_\_  
Year to which waiver relates

\_\_\_\_\_  
Years of Enrollment

\_\_\_\_\_  
Years of Competition

Did the injury or illness occur prior to the student-athlete's participation in less than one-third of the maximum allowed contests or dates of competition (per NCAA Bylaw 17) for applicable sport plus one?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ Number of contests in which the student-athlete participated (include contest in which the injury occurred, if applicable, and include any JV contests as well)

\_\_\_\_\_ Maximum number of contests in the involved sport plus one (see 14-1 in DIII Manual)

\_\_\_\_\_ Percentage of completed contests in which the student-athlete participated

Did the injury or illness occur in the first half of the institution's season?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Date of injury or onset of illness \_\_\_\_\_

[Please attach a copy of the schedule with student-athlete's date(s) of competition noted.]

Did the student-athlete participate in any sub-varsity contests during the year of appeal?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If so, how many sub-varsity contests? \_\_\_\_\_

What was the date of the student-athlete's last practice? \_\_\_\_\_

### Questions to be completed by medical doctor/physician:

On what date did you examine the student-athlete and recommend no further competition for the remainder of the year? \_\_\_\_\_

When, in your judgment, will the athlete be medically fit to return to intercollegiate athletic competition?

\_\_\_\_\_



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### Required documentation needed:

[Please check to indicate information is being submitted. Use the comment section below to explain why information is not being submitted, if applicable.]

\_\_\_\_\_ Statement from attending physician stating:

1. Date of injury or onset of illness;
2. Diagnosis;
3. Treatment prescribed; and
4. Medical reasons for withholding student-athlete from further participation;

\_\_\_\_\_ Final individual season statistics compiled by institution;

\_\_\_\_\_ Official team results record for the season.

### Additional Comments:

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**Based upon the information presented and to the best of my knowledge, the identified student-athlete meets all the requirements for granting a hardship request regarding the year in question per NCAA Division III Bylaw 14.2.5. Therefore, the institution requests approval of the medical hardship waiver request.**

**Prepared by:** \_\_\_\_\_

**Title** \_\_\_\_\_

**Athletics Director Signature** \_\_\_\_\_

**Date** \_\_\_\_\_