



**Wisconsin Intercollegiate Athletic Conference  
Medical Hardship-Waiver Request Form**

A medical-hardship request is a request for an exception to the season of competition regulation only per Article 14.2.5 of the NCAA Bylaws. Hardship requests are granted by the applicable conference office and may be submitted prior to the conclusion of the season in question if the request is based on scheduled contests.

*The following must be completed by the head coach and/or Athletics Director not the student-athlete:*

_____ <i>Student-Athlete (last, first, middle)</i>		_____ <i>Institution</i>
_____ <i>Sport</i>	_____ <i>Year in School</i>	_____ <i>Academic Year Requested To Be Regained</i>

Did the injury or illness occur prior to the student-athlete's participation in three contests or one-third of the institution's completed or scheduled contests, excluding preseason scrimmages and exhibitions?  Yes  No

- \_\_\_\_\_ Number of contests in which the student-athlete participated (include the contest in which the injury occurred, if applicable).
- \_\_\_\_\_ Number of varsity contests the institution completed in the specific sport.\*
- \_\_\_\_\_ Percentage of completed contests in which the student-athlete participated.\*
- \_\_\_\_\_ Number of varsity contests the insitution scheduled in the specific sport.\*
- \_\_\_\_\_ Percentage of scheduled contests in which the student-athlete participated.\*

Did the injury or illness occur in the first half of the institution's season?  Yes  No  
 (\*Including the conference championships/postseason tournament (which counts as one, but excluding NCAA playoffs).

Date of injury or illness \_\_\_\_\_ *Please attach a copy of schedule with student-athlete's date(s) of competition noted.*

List all seasons of participation, including current season, of the sport in question (e.g., 1999-00).

Total terms (semesters/quarters) of collegiate attendance, including current term \_\_\_\_\_  
 Note: Student-athlete must have terms of attendance remaining in order to qualify for medical hardship

I hereby certify that the above information is complete and accurate: \_\_\_\_\_  
*Athletics Director* \_\_\_\_\_ *Date* \_\_\_\_\_

\_\_\_\_\_  
*Certified Athletic Trainer* \_\_\_\_\_ *Date* \_\_\_\_\_ *Head Coach* \_\_\_\_\_ *Date* \_\_\_\_\_

To be completed in full by the attending physician (must be an M.D. or D.O.)

**Please initial appropriate blanks. Do not use check marks.**

1. Was the athlete under medical care prior to the injury or illness that initiated the hardship request? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, was the athlete medically released for participation prior to the injury/illness in question? Yes \_\_\_\_\_ No \_\_\_\_\_

1. Was the injury/illness of such a nature to incapacitate the student from competing during the remainder of the sport season in question? Yes \_\_\_\_\_ No \_\_\_\_\_

3. On what date did you examine the athlete after the injury or illness AND recommend no further competition for the remainder of the season? \_\_\_\_\_

4. When, in your judgment, will the athlete be medically fit to return to competitive athletics? \_\_\_\_\_

\_\_\_\_\_  
*Physician's Signature* *Physician's Printed Name*

\_\_\_\_\_  
*Address* *City* *State* *Zip Code*

**Forward this completed form to: WIAC Conference Office, 780 Regent Street, Madison, WI 53715**

**For Official Use Only - Do not write in this space**

\_\_\_\_\_ The above request is GRANTED

\_\_\_\_\_ The above request does not meet the criteria established by the membership. The request is DENIED.

\_\_\_\_\_  
*Date* *Conference Representative*