



TECHNICAL DISQUALIFICATION SHEET



International Paralympic
Committee

Appendix 4

Event No.	Heat No.	Lane No.	<input type="checkbox"/> Men <input type="checkbox"/> Women	Classification
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Swimmers Name:

Code of Exceptions:

Date:	Time:
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Stroke (Check all that apply)

Freestyle
 Backstroke
 Breaststroke
 Butterfly
 Medley
 Freestyle Relay
 Medley Relay

Infraction occurred

Start of Race
 Start of Stroke (IM)
 During Swim
 At Turn
 Finish of Race
 Finish of Stroke (IM)

Reason for Disqualification: _____

IPC Swimming Rule Number:

Printed Name of Official:	Signature
Officials Position: <input type="checkbox"/> Turn <input type="checkbox"/> Stroke <input type="checkbox"/> Starter <input type="checkbox"/> Referee <input type="checkbox"/> TA <input type="checkbox"/> Other	

Printed Name of Referee:	Signature:
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Printed Name of TD or TA:	Signature:
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Time Posted/Announced: