



**CERTIFICATE OF MEDICAL DISABILITY (MD)  
FOR SWIMWEAR**

(Swimmer's given name)		(Family name)	
(Address)			
(MSNSW club name and code)		(Membership reg'n no.)	

***This section to be completed by a medical doctor, physiotherapist, chiropractor or osteopath***

<input type="checkbox"/>	<input type="checkbox"/>
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The above masters swimmer has a medical reason for being unable to comply with Masters Swimming Australia Rule GR16—Swimwear, which requires that only one swimsuit, made of traditional textile fabric (permeable) and without zippers or fasteners, be worn and disallows “items other than caps, goggles and swimsuits covering the body and not part of the swimsuit”, including taping and prosthetics.

Please tick the box if this statement applies to this swimmer, and indicate with the letter P in the other box if the medical reason is of a permanent nature.

\_\_\_\_\_  
(Health practitioner's name + address)

\_\_\_\_\_  
(Signature + date)

***This section for Masters Swimming NSW use***

The swimmer must be made aware that the following restrictions apply when this MD is invoked:

- § the swimmer will not be eligible for FINA world records or top ten ranking, or for MSA national records, either as an individual or as a member of a relay team;
- § the MD is valid only in the NSW/ACT branch;
- § the MD will not be accepted at Masters Swimming Australia national championships.

This Certificate of Medical Disability (MD) for Swimwear must be completed by an eligible healthcare practitioner (i.e., a medical doctor, physiotherapist, chiropractor or osteopath) and be signed by a club executive official. The completed original must be sent to Masters Swimming NSW, PO Box 6941, Silverwater, NSW 2128.

Unless the medical reason is permanent, this form must be completed and submitted for renewal each year at the time of re-registration.

\_\_\_\_\_  
(Club executive official's name) (Position)

\_\_\_\_\_  
(Signature + date)