REQUIREMENT SPECIFICATION FORM

Contact Information						
Project Name				Req. No	Req. Date	
PhysioTrack				12		
Requesting Firm or Organization						
Contact Personal Phone No e-mail			e-mail			
Request Information						
Request Description						
System should allo	w physiotherapists to us	e the app while they are offli	ne.			
Justification						
locations with limite	ed or no internet connec	therapists who may need to tivity. This ensures uninterru dless of online availability.				
Effect if declined (Risk if the project request is declined)						
Without offline access, physiotherapists may face challenges in providing seamless services in areas with poor internet connectivity. This could lead to disruptions in service delivery, potential negative feedback from users, and a risk of losing physiotherapists as customers. It may also limit the market reach of the application.						
Request Alternatives (if exists)						
Request Review Information						
Review Date	Reviewer Name and Signature		1101101	Reviewer Conclusion		
	│ □ De		proved clined stponed (D:)		
			☐ De	oroved clined stponed (D:)	
Suggestion Elaboration						
Request Final Rev	view					
Review Date	Reviewer Name and Signature		Conclu	Conclusion		
			⊠ Ap _l	proved clined		
Comments (if need)						