

World Para Athletics Medical Review Request Form

Who should make a Medical Review Request?

A Medical Review Request needs to be submitted for Athletes with sport class status Confirmed or Review with Fixed Review Date, if their impairment and activity limitations are no longer consistent with their current sport class.

A medical review request is to be submitted, if

- An athlete's relevant impairment or <u>activity limitation has become less severe</u>, either through medical <u>intervention or other means</u>. Examples of such interventions include, but are not limited to botox injections to reduce hypertonia or to increase the active range of movement, tendon releases, harrington rods or joint fixations to assist posture/stability, or corrective eye surgery; or if
- An athlete's impairment is <u>progressive</u> and has deteriorated to an extent that the athlete most likely does not fit his/ her current sport class anymore.

Making a Medical Review Request

The medical review request must be made by the Athlete's NPC/NF and comprise

- this medical review request <u>form</u>, completed legibly and in English;
- attached medical documentation that demonstrates that the athlete's impairment changed <u>after</u> the last athlete evaluation the athlete attended; and
- a <u>non-refundable fee of 100EUR</u> to the respective IPC Sport. The medical review request will not be processed until the fee is received.

The medical review request must be received by the IPC Sport at least <u>3 months</u> before the next competition where the athlete intends to compete.

Requests are to be submitted to the IPC Sport the athlete competes in:

E-mail: Info@WorldParaAthletics.org

Post: WPA, International Paralympic Committee, Adenauerallee 212-214, 53113 Bonn, Germany

Fax: +49 -228 -2097 209

Consequences of a Medical Review Request

If World Para Athletics, upon careful review, is convinced of a change in impairment or activity limitation, the athlete's sport class status will be changed to Review. Consequently the athlete will be asked to undergo Athlete Evaluation again at the next opportunity. Please note, that re-evaluation does not guarantee that the sport class of the athlete will change.

Consequences of not making a Medical Review Request

Any failure to make a Medical Review Request in circumstances when IPC determines that (a) a Medical Review Request should have been made and that (b) the Athlete knew or should have known that a Medical Review Request should have been made may result in IPC treating that failure as being Intentional

World Para Athletics

Tel. +49 228 2097-<Durchwahl> Fax +49 228 2097-209 <E-Mail>@WorldParaAthletics.org







Misrepresentation on the part of the Athlete (see IPC Handbook, Section 2, Chapter 1.3, IPC Intentional Misrepresentation Rules).

World Para Athletics Medical Review Request Form

NPC Details												
NPC:												
NPC contact pers	on:											
Athlete Details												
Last name:												
First name:												
Date of Birth:							Gende	r:		/lale [⊐ Fem	nale
Passport No:							SDMS	ID:				
Sport Class:							Class S	Status:				
Next scheduled co	ompetit	tion										
Competition name	e:											
Date (dd/mm/yyyy):												
Location (City and country):		y):										
Details on the cha	_	_	to be	comple	eted by	/ a hea	alth profe	essional	with r	eleva	ınt exp	ertise
Date of the												
intervention:												
Location where												
intervention was												
carried out:												
Description of												
intervention:												
Reason for												
intervention and												
expected outcom	es:											



Description of the change of impairment (in case of progressive or fluctuating impairments, injuries etc.): Date of onset: Description of change of impairment: Supporting documentation attached: Health professional I confirm that the above information is accurate. Name: Medical Specialty: **Registration Number:** Address: City: Country: Phone: E-mail: Signature: Date: **NPC Verification** NPC contact person submitting the medical review request: NPC: Name: Function: NPC Stamp: E-Mail: Signature: