

IPC 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 activity limitation has become less severe, either through medical intervention or other means. 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 progressive 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 form, completed legibly and in English;
- attached medical documentation that demonstrates that the athlete's impairment changed after the last athlete evaluation the athlete attended; and
- a non-refundable fee of 100EUR 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 3 months 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: ipc [*sport*] @paralympic.org (for example: ipc*shooting*@paralympic.org)

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

Fax: +49 -228 -2097 209

Consequences of a Medical Review Request

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



IPC Medical Review Request Form

This Medical Review Request is addressed to the sport of _____.

NPC Details

NPC:	
NPC contact person:	

Athlete Details

Last name:			
First name:			
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Passport No:		SDMS ID:	
Sport Class:		Class Status:	

Next scheduled competition

Competition name:	
Date (dd/mm/yyyy):	
Location (City and country):	

Details on the change in impairment: to be completed by a health professional with relevant expertise

Intervention details (if applicable):

Date of the intervention:	
Location where intervention was carried out:	
Description of intervention:	
Reason for intervention and expected outcomes:	

Athlete's last name:

Athlete's SDMS ID:



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:

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Health professional

<input type="checkbox"/> I confirm that the above information is accurate.	
Name: _____	
Medical Specialty: _____	
Registration Number: _____	
Address: _____	
City: _____	Country: _____
Phone: _____	E-mail: _____
Date: _____	Signature: _____

NPC Verification

NPC contact person submitting the medical review request:

NPC:	
Name: _____	
Function: _____	
E-Mail: _____	NPC Stamp:
Signature: _____	