



## Medical Review Request Form

The Medical Review Request must explain how and to what extent the Athlete's Impairment has changed and why it is believed that the Athlete's ability to execute the specific tasks and activities required by a sport has changed.

Medical Review applies to situations in which athletes with Sport Class Status Confirmed or Review with Fixed Review Date received interventions which may change their impairment profile (e.g., strength, range of movement).

**Examples of such interventions include, but are not limited to:**

- *Change of amputation level*
- *Botox injections to reduce hypertonia and increase active range of movement;*
- *Tendon releases;*
- *Harrington rods or joint fixations to assist posture/stability.*

A Medical Review Request can also be submitted if the athlete's impairment is progressive and has deteriorated to an extent that the athlete most likely does not fit his/ her current Sport Class Profile anymore.

Following the change in condition the athlete is responsible for informing his/her National Body. It is the responsibility of the National Body to complete this form and submit it to the IBSF.

A €100 non-refundable fee will apply for each Medical Review Form received by the IBSF. The National Body must make full payment to the IBSF when submitting the Medical Review Request form. The Medical Review Request will not be processed until the fee is received.

A Medical Review Request must be received by IBSF as soon as reasonably practicable.

Any Athlete or Athlete Support Personnel who becomes aware of such changes (outlined in Article 31.2) but fails to draw those to the attention of their National Body or IBSF may be investigated in respect of possible Intentional Misrepresentation.

If the Medical Review Request is accepted, the athlete's sport class status will be changed into Review with immediate effect, thus allowing the athlete to undergo Athlete Evaluation again.

Please note, that re-classification does not guarantee that the sports class of the athlete will change. A Sport Class will be allocated on the basis of the athlete's evaluation in accordance with the IBSF Classification Rules and Regulations.



# Medical Review Request Form

This Medical Review Request is addressed to IBSF Head of Classification

## National Federation Details

National Federation Name : \_\_\_\_\_

National Federation Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

## Athlete Details

Name		Sport	
Surname		Gender	
Date of Birth		IBSF ID number	
Current Sport Class		Class Status	

Next scheduled competition

Competition name:

Competition location (City and country):

Date (DD/MM/YYYY):

## Intervention details (if applicable):

Date of the intervention	
Location where intervention was carried out	
Responsible person for intervention e.g. doctor in charge	
Description of intervention	
Reason for intervention and expected outcomes	

## Description of the decline in function (in case of progressive impairments, injuries etc.):

Date of onset	
Description of decline in function	

**List of Supporting (additional) Documentation (medical records, imaging etc):**

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**Contact Person – in case of further information are required, the IBSF may request contact:**

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Profession/Role: \_\_\_\_\_

National Federation Verification - Representative submitting the Medical Review Request (i.e. national classifier)

**Please note that IBSF will only accept the submission of a Medical Review Form if it is duly signed and stamped by an authorised National Federation in good standing with the IBSF.**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_