

Medical Review Request Form

Preamble

A change in the nature or degree of a Players Eligible Impairment might mean that a reassessment is required to ensure that the outcome of the Player's previous Classification remains correct (for example, to ensure that a Player remains eligible or that the Sport Class allocated to a Player remains correct, or to reassess a Player previously found to be not eligible) This is known as a Medical Review.

A Medical Review request must be made by a National Federation on behalf of a Player.

Medical Review applies to cases where players with a confirmed Sport Class status, a Review at the Next Available Opportunity (R-NOA) or a Review with a Fixed Date (R-FRD) meet specific criteria, including:

- Undergoing interventions that could alter their impairment characteristics, such as changes in muscle strength, range of motion, or muscle tightness. Examples of these interventions may include, but are not limited to:
 - o Changes in amputation level
 - o Changes in Vision Impairment
 - o Neurostimulation
 - o Tendon or Muscle release surgeries
 - o Insertion of Harrington rods or joint fixations to enhance stability and posture

Or

- Having a progressive impairment that has worsened to the extent that the player may no longer meet the requirements for their current Sport Class Profile.

Or

- Developing an additional eligible health condition that has caused permanent changes in their impairment, potentially affecting the appropriateness of their current Sport Class classification.

When a Medical Review Request is submitted, the National Federation or National Paralympic Committee (NPC) must provide documentation showing that the athlete's impairment has changed since their last international evaluation. This documentation should include relevant medical evidence.

After any change in condition, athletes are responsible for notifying their National Federation or NPC. The National Federation or the NPC must then complete and submit the necessary form to the IGF. This form should be submitted at least 12 weeks before the athlete's next competition, where re-evaluation will occur if the Medical Review is approved.

If the Medical Review is accepted, the athlete's Sport Class will be temporarily changed to Review at the Next Available Opportunity (R-NOA), allowing re-assessment to take place. However, re-evaluation does not ensure a change in Sport Class.

Failure to inform the IGF within six months of an intervention that enhances an athlete's impairment profile may be treated as intentional misrepresentation, as outlined in chapter 4 of the IGF Classification Rules.

Classification Medical Review Request Form

National Federation (NF) / National Paralympic Committee (NPC) Details	
NF/NPC Name	
NF/NPC Contact Name	
NF/NPC Contact Email	

Athlete Details	
Family Name:	
Given Name:	
Date of Birth (dd/mm/yyyy)	
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>
Current Sport Class	
Sport Class Status	

Intervention Details (if applicable)	
Date of intervention:	
Location of intervention	
Person responsible for intervention	
Description of intervention	
Reasons for intervention and expected outcomes	

Classification Medical Review Request Form

Description of changes in degree of impairment (progressive conditions and additional new health conditions)	
Date of onset	
Description of change in impairment:	

List of Supporting Documentation	
<input type="checkbox"/> Medical Report <input type="checkbox"/> X-Ray <input type="checkbox"/> CT Scan <input type="checkbox"/> MRI <input type="checkbox"/> EMG/Nerve Conduction Studies	<input type="checkbox"/> Other (please list)

Contact Person (In case further information is required)	
Contact Name:	
Contact email:	
Contact phone:	
Profession/Role:	

NF/NPC Verification (mandatory)	
<input type="checkbox"/> I verify my support of this application for this athlete's medical review.	
Name:	
Position	
Signature:	