



WRC MEDICAL REVIEW REQUEST FORM

Medical Review applies to situations in which athletes with Sport Class Status of Confirmed, Review or Fixed Review Date and either:

- Received interventions, which may change their impairment profile (for example strength, range of movement or hypertonia). Examples of such interventions include, but are not limited to:
 - Change of amputation level
 - Botox (Botulinum Toxin) injections to reduce hypertonia and increase active range of movement
 - Tendon Releases
 - Harrington rods or joint fixations to assist in posture/stability

OR

- Have an impairment that is progressive and has deteriorated to an extent that the athlete most likely does not fit his/her current Sport Class Profile any more

OR

- Have a new additional eligible health condition that has resulted in a permanent change to the athlete's degree of impairment to an extent that the athlete most likely does not fit his/her current Sport Class Profile any more

With the Medical Review Request, the Provincial Sport Organization (PSO/PTSO) or Athlete must provide evidence that a change in the athlete's impairment has occurred after the last international Athlete Evaluation. The change in impairment must be demonstrated by medical documentation.

Following the change in condition, the athlete is responsible for informing their PSO/PTSO. It is the responsibility of the PTSO/PSO to complete this form and submit it to the WRC Head of Classification.

This form must be received at least 12 weeks prior to the competition where the athlete, if the medical review is accepted, will undergo re-evaluation.

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

Please note that re-evaluation does not guarantee that the Sport Class of an athlete will change.

Failure to notify the WRC, within 6 months of an intervention that results in an improvement of an athlete's impairment profile may be considered a case of intentional misrepresentation, in accordance with the WWR Classification Rules.



WRC MEDICAL REVIEW REQUEST FORM

PSO/PTSO DETAILS	
PSO/PTSO Name:	
PSO/PTSO Contact Name:	
PSO/PTSO Contact Email:	

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

INTERVENTION DETAILS (IF APPLICABLE)	
Date of Intervention:	
Location of Intervention:	
Person responsible for intervention:	
Description of Intervention:	
Reason for intervention and expected outcomes:	



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

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

Contact Person (In case further information is required):	
Contact Name:	
Contact Email:	
Contact Phone:	
Profession/Role:	

PSO/PTSO Verification (mandatory):	
I verify my support of this application for this athlete's medical review	
Name:	
Position:	
Signature:	