

Medical Review Request Form

A medical review request needs to be submitted for athletes with sport class status National Confirmed or National 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:

- The nature or degree of an athlete's impairment changes the athlete's ability to execute the specific tasks and activities required by a sport in a manner that is clearly distinguishable from changes attributable to levels of training, fitness and proficiency. Examples of such interventions include, but are not limited to botox injections to reduce hypertonia or 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.

How to make a Medical Review Request?

Athletes should submit:

- This medical review request form detailing how and what extent the athlete's relevant impairment has changed, and why it is believed that the athlete's sport class may no longer be accurate.
- Attached medical documentation that demonstrates that the athlete's impairment changed after the last athlete's classification

Requests should be submitted to Paralympics Ireland:

Email: classification@paralympics.ie

Post: Paralympics Ireland, Irish Sport HQ, National Sports Campus, Blanchardstown, Dublin 15

Outcomes of the Medical Review Request:

The Classification Coordinator and the head of classification for the specific sport must decide whether or not the Medical Review Request must be upheld, changing the Athlete's Sport Class Status to Review until face to face classification is possible. 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:

Failure to submit the Medical Review Request upon change in impairment condition will be treated as Intentional Misrepresentation.

Athlete details:	
Family Name:	
First Name(s):	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Sport:	
Current Sport Class:	Current Sport Class Status:

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:
Reasons for intervention and expected outcomes:

Description of the change of impairment (in case of progressive or fluctuating impairments, injuries):
Date of onset:
Description of change of impairment:

Support documentation attached:

<input type="checkbox"/> I confirm that the above information is accurate.	
Name:	Health care profession:
Registration Authority and Number:	
Phone:	Email:
Date:	Signature: