

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 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 EUR 100.- to the UCI. The medical review request will not be processed until the fee is received.

The medical review request must be received by the UCI at least 3 months before the next competition where the athlete intends to compete.

Requests are to be submitted to the UCI directly to a secure online file share server using the following link: <https://box.uci.ch/index.php/s/aJBbv0DFZrB2CB2>.

Consequences of a Medical Review Request

If the UCI, 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 UCI 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 UCI treating that failure as being Intentional Misrepresentation on the part of the Athlete (see UCI Regulations, Part XVI, Article 16.4.032, Intentional Misrepresentation).

Personal data

The athlete acknowledges and agrees that the UCI may share the information contained in the present Medical Review Request Form with his/her NPC, his/her NF, UCI classifiers, the UCI Medical Director and/or the UCI Medical Commission.

National Federation Details

NF:	
NF contact person:	
Invoice details:	

Athlete Details

Last name:			
First name:			
Date of Birth:			
UCI ID:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Sport Class:		Sport 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*

In case of medical intervention

E.g 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.

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

In case of progressive or fluctuating impairments, Injuries etc.

Date of onset:	
Description of the change of impairment:	

Supporting Documentation Attached

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Health Professional

<u>I confirm that the above information is accurate</u>			
Name:			
Medical Specialty:			
Registration Number:			
Address:			
City:		Country:	
Phone:		E-mail:	
Date:		Signature:	

National Federation Verification *NF contact person submitting the medical review request*

NF:			
Name:			
Function:			
E-mail:			
Date:		Signature:	