



World Para Ice Hockey Medical Review Request Form

Who should make a Medical Review Request?

A Medical Review Request applies to any Athlete with sport class status Confirmed (C) or Review with Fixed Review Date (FRD), if there has been a change in the nature or degree of an Athlete's Impairment that changes the Athlete's ability to execute the specific tasks and activities required by the sport, in a manner that is clearly distinguishable from changes attributable to levels of training, fitness and proficiency.

To clarify, a medical review request is to be submitted, if

- The 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;
- 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 anymore; or if
- The Athlete acquired new impairment.

Submission of a Medical Review Request on IPC Sport Data Management System (SDMS)

The IPC has launched Medical Review Request module on SDMS that will support and facilitate the entire process for NPC/NF. The Medical Review Request must be made by the Athlete's NPC/NF and comprise:

- this Medical Review Request Form, completed legibly and in English;
- Supporting medical documentation that demonstrates that the Athlete's impairment changed after the last Athlete evaluation the Athlete attended; and
- a non-refundable fee of 100EUR+VAT to the World Para Ice Hockey. The Medical Review Request will not be processed until the fee is received. An invoice for Medical Review Request will be created automatically by the SDMS and should be downloaded by the NPC via SDMS.

After Medical Review Request form and supporting medical documentation are submitted, the Medical Review Request status on SDMS will be designated to "**New**".

If the submitted Medical Review Request form and/or supporting medical documentation are insufficient, World Para Ice Hockey changes the Medical Review Request status to "**Incomplete**" and provides the feedback on SDMS about the required information. Medical Review Request status will change back to "**New**" after revised documents are re-uploaded. Documents can only be replaced if the Medical Review Request status is "**Incomplete**".

Once the World Para Ice Hockey has approved the Medical Review Request Form and supporting medical documentation, the Medical Review Request status changes to "**Pending**" indicating that documents are being reviewed by World Para Ice Hockey.

Please note that the Medical Review Request must be received by the World Para Ice Hockey as soon as reasonably practicable and where possible at least 3 months before the next competition where the Athlete intends to compete at.



Implications of a Medical Review Request

The Medical Review Request Outcome File is uploaded on SMDS, and the Medical Review Request status is updated following the submitted documents have been reviewed conscientiously.

If [Insert Sport Name] considers that provided evidence of change in impairment or activity limitation is not sufficient to demonstrate the impact on athlete's ability to perform, the Medical Review Request status changes to **"Rejected"** on SDMS.

If [Insert Sport Name] considers that a change in impairment or activity limitation is sufficient to demonstrate the impact on athlete's ability to perform, the Medical Review Request status changes to **"Approved"** on SDMS and the Athlete's sport class status will be changed to Review. Consequently, the Athlete will be required to undergo Athlete Evaluation again at the next available opportunity. Please note, that re-evaluation does not guarantee that the sport class of the Athlete will change.

Implications of not making a Medical Review Request

Any failure to make a Medical Review Request in circumstances when IPC 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 IPC treating that failure as being Intentional Misrepresentation on the part of the Athlete (see IPC Handbook, Section 2, Chapter 1.3, IPC Intentional Misrepresentation Rules)



[Insert Sport Name] Medical Review Request Form

NPC Details

NPC:	
NPC contact person:	

Athlete Details

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

Next scheduled competition the Athlete intends to enter (if available)

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

Intervention details (if applicable):

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



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

Date of onset:	
Description of change of impairment:	

Supporting documentation attached:

Health professional

I confirm that the above information is accurate (please tick the box to acknowledge the confirmation).

Name: _____

Medical Specialty: _____

Registration Number: _____

Address: _____

City: _____ Country: _____

Phone: _____ E-mail: _____

Date: _____ Signature: _____

NPC Verification

NPC contact person submitting the medical review request:

NPC: _____

Name: _____

Function: _____

E-Mail: _____ NPC Stamp: _____

Signature: _____