

## **FEI Medical Review Request Form for Classification**

### **Who should make a Medical Review Request?**

A Medical Review Request needs to be submitted for athletes with sport Grade 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, 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 Grade (sport class) anymore.

### **Making a Medical Review Request**

The medical review request must be made by the Athlete's NF and include:

- 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
- The medical review request must be received by the FEI at least 3 months before the next international competition where the athlete intends to compete.
- The Organising Committee for the international competition where the athlete will be evaluated will charge a non-refundable fee of 40 EUR or equivalent at the time of entry.

Requests are to be submitted by the athlete's NF for approval by the Head of Classification (or nominee) and sent to:

The FEI Coordinator

Dressage and Para Equestrian Dressage Department

At the FEI Headquarters

### **Consequences of a Medical Review Request**

If the FEI, 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 Grade (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 the FEI 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 the FEI treating that failure as being Intentional Misrepresentation on the part of the athlete (see FEI Classification Manual – 10.3 Intentional Misrepresentation).

### **FEI Medical Review Request Form (to be completed in English)**

<b>National Federation (NF)</b>	
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**Athlete Details**

Last name:			
First name:			
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade:		Grade Status:	

**Next scheduled international competition (3\* or 4\*) the athlete will be attending**

Competition name:		Date:	
Location (City and country):			

**Details on the change in impairment** (To be completed by a health professional with relevant expertise)

Intervention details (if applicable. Examples: surgical, pharmacological, medical interventions)

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:	
Brief description of change of impairment:	

Supporting documentation attached:

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**Health professional**

☐ **I confirm that the above information is accurate.**

Name: _____	
Medical Specialty: _____	
Registration Number: _____	
Address: _____	
City: _____	Country: _____
Phone: _____	E-mail: _____
Date: _____	Signature: _____

**NF Verification**

NF contact person submitting the medical review request:

NF: _____
Name: _____
Position: _____
E-Mail: _____
Signature: _____
Date: _____