

EA 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 Grade for Para equestrian competition.

A medical review request is to be submitted if:

1. 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
2. An athlete's impairment is progressive and has deteriorated to an extent that the athlete most likely does not fit their current Grade anymore.

Making a Medical Review Request

The medical review request must be made by the Athlete 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 EA at least 6 weeks before the next Classification opportunity if known. Requests are to be submitted by the athlete to EA at stefanie.maraun@equestrian.org.au for approval by the EA Head of Classification (or nominee).

Consequences of a Medical Review Request

If EA, upon careful review, is convinced of a change in impairment or activity limitation, the athlete's Grade status will be changed to Review. Consequently, the athlete will be asked to undergo Athlete Evaluation at the next opportunity. Please note, that re-evaluation does not guarantee that the Grade of the athlete will change.

Consequences of not making a Medical Review Request

Any failure to make a Medical Review Request in circumstances when EA 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 EA treating that failure as being Intentional Misrepresentation on the part of the athlete.

Please complete the form electronically or print clearly in black pen.

Athlete Details

| | | | |
|------------|---|---------------|--|
| First Name | | Family Name | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date Of Birth | |
| Grade | | Grade Status | |

Are you attending a para equestrian competition in the near future? If yes:

| | | | |
|-------------------|--|-------|--|
| Competition name: | | Date: | |
| Location: | | | |

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Details on the change in impairment -this section **MUST** be completed by a health professional with relevant expertise

1. Intervention details (If applicable – examples are surgical, pharmacological, medical interventions)

| | |
|---|--|
| Date of intervention/s: | |
| Describe the intervention provided: | |
| Describe the reason for the intervention and expected or achieved outcomes: | |

2. Description of the change of impairment - this section **MUST** be completed in the case of progressive or fluctuating impairments or injuries.

| | |
|---|--|
| Date of onset: | |
| Brief description of change of impairment: | |
| Attach documentation to support the change of impairment and list below the documents attached: | |

Health professional details

| | | | |
|---|--|--------------------|--|
| Name | | Medical Speciality | |
| Address | | | |
| City | | State | |
| Phone | | Email | |
| I hereby confirm that the above information is accurate | | | |
| Signature | | Date | |