

Medical Review Request Form

Who should make a Medical Review Request?

A Medical Review Request must 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 must be submitted, 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; or if
- An athlete has sustained another impairment, injury or health condition that impacts function; or if
- An athlete's relevant impairment or activity limitation has become less severe, either through medical intervention or other means.

Making a Medical Review Request

The medical review request must be made by the Athlete's NF (NPC) and comprise:

- This medical review request form, with all sections completed in full, legibly and in English (please be advised that incomplete form will result in delay of the processing of the request)
- 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 via the athlete's profile on the [PCSAS](#) system with a confirmation email sent to classification@uci.ch.

Consequences of a Medical Review Request

If the UCI approves the Medical Review Request, 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 NF (NPC), UCI classifiers, the UCI Medical Director and/or the UCI Medical Commission.

National Federation (NPC) Details	
NF (NPC):	
NF (NPC) 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: *Depending on the reason for the Medical Review Request Application, It is compulsory for either Section 1 or Section 2, below To be completed in full by a health professional with relevant expertise.*

Section 1: Progressive or new impairments, Injuries, etc.	
Date of onset:	
Description of the change of eligible impairment(s) or health condition and how it impacts function:	

Section 2: Medical procedure or other means that results in improved function	
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, corrective eye surgery, etc..	
Date of procedure or change of function:	

Description of procedure or change of function:	
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Section 3: List of Supporting Documentation Attached

Health Professional			
<input type="checkbox"/> I confirm that the above information is accurate			
Name:			
Medical Specialty:			
Address:			
City:		Country:	
Phone:		E-mail:	
Date:		Signature:	

National Federation (NPC) Verification <i>NF(NPC) contact person submitting the medical review request</i>			
NF (NPC):			
Name:			
Function:			
Phone:		E-mail:	
Date:		Signature:	

Completed forms and relevant attachments must be submitted by the NF (NPC) to the UCI via [PCSAS](#) no later than three (3) months prior to the Competition where the Athlete plans to compete. The UCI holds the right to request further information, if additional information is required.

The athlete will not be able to compete, until the requested information is provided.