

## Who should make a Medical Review Request?

Classification Medical Review requests only apply to athletes with a National Confirmed Status, National Fixed Review Date and Provisional classifications.

A Medical Review Request is to be submitted if since the athlete's last classification:

- The athlete's impairment and function has become less severe (i.e. condition has improved), either through medical treatment or other means. Examples of such treatment include, but are not limited to, changes in medication, botox injections to reduce hypertonia or increase the active range of movement; tendon releases; orthopaedic rods or other joint fixations to assist posture or joint stability, corrective eye surgery;
- The athlete's impairment has become more severe (i.e. condition has worsened) including but not limited to progressive or deteriorating conditions, or a change in amputation level to an extent that the athlete most likely does not fit their current sport class anymore; or
- An athlete has a new health condition or eligible impairment.

## Medical Review Request Submission

Medical Review Requests may only be submitted by the athlete or their legal guardian and must include:

- This medical review request form completed electronically where possible.
- Any additional medical documentation that demonstrates that the athlete's impairment has changed since the athletes last classification.

Athletes should allow up to **two months** for the review request to be processed. Please note that processing times may be longer if applications are incomplete or require additional supporting medical documentation.

## Consequences of a Medical Review Request

If AusTriathlon accepts that a change in the athlete's impairment or function has occurred then the athlete's sport class status will be changed to 'Review' status with immediate effect and the athlete should undergo Classification at the next available opportunity. Any re-classification does not guarantee that the sports class of the athlete will change.

## Consequences of not making a Medical Review Request

Following any change in condition the athlete is responsible for informing AusTriathlon. Failure to notify AusTriathlon may result in AusTriathlon treating that failure as being Intentional Misrepresentation on the part of the Athlete (see AusTriathlon Classification Rules).

## Submission details

Requests are to be submitted to AusTriathlon by email to [classification@triathlon.org.au](mailto:classification@triathlon.org.au)

Athlete Details			
First Name			
Last Name			
Date of Birth	Click or tap to enter a date.	Male <input type="checkbox"/>	Female <input type="checkbox"/> Other <input type="checkbox"/>
Phone No:			
Email:			
Current Sport Class		Sport Class Status:	<input type="checkbox"/> Confirmed <input type="checkbox"/> Fixed Review Date Year: YYYY Other:

Next scheduled competition			
Competition Name:			
Location:		Date:	Click or tap to enter a date.

Reason for request	
<input type="checkbox"/>	Medical intervention: <a href="#">Click here and provide brief information</a>
<input type="checkbox"/>	Change in condition e.g. growth/deterioration/fluctuation

The following details may be filled in by the medical practitioner or attached in a medical report:

For Medical Interventions	
Date of the intervention:	Click or tap to enter a date.
Description of the intervention:	Click here and provide description of the intervention
Reason for the intervention and expected outcomes:	Click here and provide detail of reason for intervention and expected outcomes

In case of progressive or fluctuating impairments	
Date of onset (mm/yyyy)	Click or tap to enter a date.
Description of change in condition:	Click here and provide details of the change in condition

In case of skeletal maturity	
Description of change in growth	Click here and provide details of the change in growth

Medical Personnel Authorisation	
<input type="checkbox"/> I confirm that the above information is accurate	
Name:	Click here and enter full name
Qualifications:	Click here and provide details
Contact e-mail:	Click here and provide e-mail address

Athlete Verification	
<p>By signing this application, you:</p> <p>acknowledge the requirements of this application;</p> <p>endorse that the information you have provided is true and correct; and</p> <p>consent for the information provided to be submitted to AusTriathlon classification personnel for review.</p>	
Athlete Signature:	
Date:	Click or tap to enter a date.
(Parent/guardian to sign where athlete is under 18 years or other legal guardianship is in place)	

☐ Please tick if further medical documentation is attached.