



# ITTF-PTT Medical Review Request Form

## Who should make a Medical Review Request?

A Medical Review Request needs to 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 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, harrington rods or joint fixations to assist posture/stability; 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 sport class anymore.

## Making a Medical Review Request

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
- attached medical documentation that demonstrates that the athlete's impairment changed after the last athlete evaluation the athlete attended
- a non-refundable fee of 100 EUR to ITTF-PTT. The medical review request will not be processed until the fee is received.

The medical review request must be received by ITTF-PTT at least 3 months before the next competition where the athlete intends to compete.

Requests are to be submitted to ITTF-PTT by:

Email: [classification@ittf.com](mailto:classification@ittf.com)

Post: Avenue de Rhodanie 58  
1007 Lausanne  
Switzerland

Fax: +41 21 340 7099



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

If ITTF-PTT, 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 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 ITTF-PTT determines that

- a Medical Review Request should have been made and
- the Athlete knew or should have known that a Medical Review Request should have been made

may result in ITTF-PTT treating that failure as being Intentional Misrepresentation on the part of the Athlete.

## NPC or NF details

|                |  |               |  |
|----------------|--|---------------|--|
| NPC/NF         |  |               |  |
| Contact person |  |               |  |
| Function       |  |               |  |
| E-mail         |  |               |  |
| Signature      |  | NPC/NF Stamp: |  |

## Athlete details

|              |  |        |      |  |        |  |  |
|--------------|--|--------|------|--|--------|--|--|
| Athlete name |  |        |      |  | ID     |  |  |
| Sports Class |  | Gender | Male |  | Female |  |  |

**Details on the change in impairment:** to be completed by a health professional with relevant expertise.

## Intervention details (if applicable)

|   |  |
|---|--|
| Date of intervention                          |  |
| Location where intervention was carried out   |  |
| Description of intervention                   |  |
| Reason for intervention and expected outcomes |  |

Description of the change of impairment (applicable in case of progressive impairments, fluctuating impairments or the existence of additional injuries...)

|                                      |  |
|--------------------------------------|--|
| Date of onset:                       |  |
| Description of change of impairment: |  |

Supporting documentation attached:

|  |
|--|
|  |
|--|

**I confirm that the above information is accurate and up to date.**

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