USQRA MEDICAL REVIEW REQUEST

1. Who should make a Medical Review Request?
   1.1. A Medical Review Request needs to be submitted for Athletes with sport class status Confirmed (C) or Review with Fixed Review Date (FRD), if the their impairment and sport specific activity limitations are no longer consistent with their current sport class.

2. A Medical Review Request is to be submitted if:
   2.1. An athlete’s relevant impairment or sport specific activity limitation has become less severe, either through medical interventions or other means. Examples of such interventions include, but are not limited to, Botox injections to reduce hypertonia or to increase active range of movement, tendon releases, or Harrington rods or joint fixations to assist posture/stability; or if
   2.2. An Athlete’s impairment is progressive and has deteriorate to an extent that the athlete most likely does not fit his/her current sport class anymore.

3. Making a Medical Review Request
   3.1. The Medical Review Request must be made by the Athlete with the support of the Athlete’s Coach and comprise:
       3.1.1. This Medical Review Request Form, completed legibly and in full.
       3.1.2. Attached medical documentation that demonstrates the Athlete’s impairment changed after the last time the athlete underwent athlete evaluation.
   3.2. The USQRA Head of Classification must receive the Medical Review Request at least 1 month before the next competition where the athlete intends to compete.
   3.3. Contact the USQRA Head of Classification to submit requests:
       3.3.1. Email: Classification@quadrugby.com

4. Consequences of a Medical Review Request
   4.1. Following careful review, if the USQRA is convinced of a change in impairment or activity limitation, the athlete’s sport class will be changed to review.
   4.2. Consequently, the athlete will be asked to undergo athlete evaluation again at the next opportunity.
   4.3. Re-evaluation does not guarantee that the change in impairment or activity limitation is sufficient for the sport class of the athlete to change.

5. Consequences of a Not Making Medical Review Request
   5.1. Any failure to make a Medical Review Request in circumstances where the USQRA determines that:
       5.1.1. a Medical Review Request should have been made, and
       5.1.2. that the athlete should have known a Medical Review Request ought to have been made, for example, an athlete’s relevant impairment or sport specific activity limitation has become less severe, either through medical interventions or other means, may result in the USQRA treating this failure as being intentional misrepresentation on the part of the athlete (See Article 8 in these rules, Intentional Misrepresentation).
# USQRA MEDICAL REVIEW FORM

## Athlete Details

<table>
<thead>
<tr>
<th>Last Name:</th>
<th></th>
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<tbody>
<tr>
<td>First Name:</td>
<td></td>
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<tr>
<td>Date of Birth:</td>
<td></td>
</tr>
<tr>
<td>Gender:</td>
<td>_____ Female</td>
</tr>
<tr>
<td>Sport Class:</td>
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<tr>
<td>Sport Class Status:</td>
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## Team Details

<table>
<thead>
<tr>
<th>Team Name:</th>
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<tr>
<td>Coach or Team Contact</td>
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## Next Scheduled Competition

<table>
<thead>
<tr>
<th>Tournament Name:</th>
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<tbody>
<tr>
<td>Date (mm/dd/yyyy):</td>
<td></td>
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<tr>
<td>Location (City and State):</td>
<td></td>
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</tbody>
</table>

**Details of the change in health condition and related impairment:** to be completed by a medical doctor with relevant expertise.

### Intervention Details (if applicable):

<table>
<thead>
<tr>
<th>Date of the Intervention:</th>
<th></th>
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<tbody>
<tr>
<td>Description of intervention:</td>
<td></td>
</tr>
<tr>
<td>Reason for the intervention and expected outcomes:</td>
<td></td>
</tr>
</tbody>
</table>

__________ I confirm that the above information is accurate.
Name:  
Medical Specialty:  
Address:  

**Description of the change in impairment (in case of a progressive or fluctuating impairment and/or injury).**

<table>
<thead>
<tr>
<th>Date of Onset:</th>
<th></th>
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<tbody>
<tr>
<td>Description of change in impairment. How has this change impacted your ability to perform wheelchair rugby sport specific activities?</td>
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Supporting documents attached (please list, for example, MRI, X-rays, EMG, Medical history):

**Contact Person submitting the medical review request:**

<table>
<thead>
<tr>
<th>Name:</th>
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<tbody>
<tr>
<td>Function:</td>
<td>_______Athlete</td>
</tr>
<tr>
<td>E-Mail:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
</tbody>
</table>