**Wheelchair users - Physical Impairment - Medical Review Request Form**

This form is for **para-karate athletes** who experience changes in their impairment profile that may affect their Sport Class assignment and extra score. It must be completed by a licensed Medical Doctor (M.D.) and submitted by the athlete's **National Member Organization (NMO)** or **National Paralympic Committee (NPC)**.

**When is a Medical Review Required?**

A medical review is required if an athlete:

1. Has undergone interventions that significantly alter impairment, such as:
   * Amputation level changes,
   * Botox injections or tendon releases,
   * Posture/stability enhancements through medical devices.
2. Experiences a progressive impairment that no longer aligns with their current Sport Class.
3. Has a new eligible health condition causing permanent impairment changes.

**Submission Requirements**

* Provide documented medical evidence of impairment changes.
* Submit the form to the **WKF SportsID and WKF Para-karate Chairperson** at least **12 weeks** before competition.

**Process After Submission**

1. **Sport Class Change:** Accepted medical reviews result in a Sport Class status of **Review**, requiring re-evaluation at the competition.
2. **Re-Evaluation:** Undergoing classification does not guarantee a Sport Class or extra score change.
3. **Timely Reporting:** Changes in impairment must be reported within **6 months** of occurrence to avoid potential rule violations.

**Para-Karate Eligibility**

Athletes must have a documented **permanent health condition** causing an eligible impairment. The diagnosis must align with the impairment measured during classification.

The **WKF Para-karate Commission** may request further information. Classification will only proceed after all required documentation is submitted.

**Note:** Ensure accuracy and timely submission to support fair and equitable para-karate competition.

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| **NMO/ NPC Details** | |
| NMO/NPC Name: |  |
| NMO/NPC Contact Name: |  |
| NMO/NPC Contact Email: |  |

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| --- | --- | --- |
| **Athlete Details** | | |
| Family Name: | | |
| Given Name: | | |
| Date of Birth (dd/mm/yyyy) : | Gender: | Female  Male |
| Current Sport Class: | Sport Class Status: | |
| Current Extra Score: | | |

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| **Intervention details (if applicable)** | |
| Date of intervention: |  |
| Location of intervention: |  |
| Person responsible for intervention: |  |
| Description of Intervention: |  |
| Reason for intervention and expected outcomes: |  |

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| **Description of change in degree of impairment (progressive conditions and additional new health conditions)** | |
| Date of onset: |  |
| Description of change in impairment |  |

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| **List of Supporting Documentation** | |
| Medical Report  X-Ray  CT Scan  MRI  EMG/Nerve Conduction Studies | Other (please list): |

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| **NMO/NPC Verification (mandatory):** | |
| I verify my support of this application for this athlete’s medical review | |
| Name: |  |
| Position in NPC/NMO: |  |
| Signature: |  |

**(NEW DOCUMENT)**

**Please, upload this document as a PDF to the athlete's Sportdata profile and send the request for review to** [**wkfparakarate@gmail.com**](mailto:wkfparakarate@gmail.com) **.**