REQUEST FORM FOR VI CLASSIFICATION REVIEW

- **To be fully filled in English, in CAPITAL LETTERS, typed or black ink. <u>All frames must be filled</u>.**
- **Send 3 months prior to VI Classification.**
- Attach a medical report to this request.
- An updated MDF must be uploaded in ISAS when sending this request.
- **A fee must be paid when sending this request. (Reimbursed if the request is accepted and Class changes): 100 EUROS See below details of the bank**
- At Classification athlete must show the originals of this REQUEST the MDF and the MEDICAL REPORTED.

To be filled by the National Federation and Athlete

Sport: _____

Request for New Classification at: Competition Name: _____

Location (country and city)**:** _____

Classification dates: _____/_____/_____to__/____/_____
Day Month Year Day Month Year

I - ATHLETE INFORMATION (<u>as passport data</u>)

Last name: _____ First Name: _____

Gender: Female ❑ Male ❑ Date of Birth: / / Nationality: _____

Sport: _____ NPC/NF: _____, ISAS registry: _____, SDMS (IPC): _____

❑ **National Paralympic Committee** (NPC) **or National Federation** (NF) **certifies that there are no health risks and contra-indication for the athlete to compete at competitive level in the above sport. NPC/NF keeps all the relevant medical and legal documents about it.**

_____ _____ _____/_____/_____
Name (stamp) Signature Date : Day Month Year

II - PREVIOUS CLASSIFICATIONS

Last <u>National Classification</u>**: Year:** _____ **Class: B1❑ B2❑ B3❑ Other❑:** _____

<u>First International Classifications</u>: **New❑** or **Year:** _____ Class: **B1❑ B2❑ B3❑ NE❑**

<u>Last International Classification</u>**: Place:** _____, **Year:** _____, **Sport:** _____

<u>Actual International Class and Status</u>**: New ❑** or **Protest / Reclassification accepted ❑** _____, or **Class:B1❑ B2❑ B3❑ Status: Review❑**(next time) or **Review Year❑** ; **NE❑**1st panel;

III – REASON ON THE CHANGES IN IMPAIRMENT

Improvement ❑ Deteriorated ❑

New optical correction / aids used at competition ❑:

Spectacles ❑ Contact lenses ❑ Sun or filter glasses ❑

<u>Optical correction</u> : Right eye: Sph._____Cyl._____Axis (º)

Left eye: Sph._____Cyl._____Axis (º)

Disease Progression ❑
Medical Treatment ❑
Surgery or Laser Treatment❑

❑ **<u>Mandatory</u>**: attach a short medical report to this request

Updated MDF needs to be upload in ISAS when sending this request (3 months prior to classification)

IBSA

Request accepted: ❑ No ❑ Yes

IBSA Medical Director: _____ _____/_____/_____
Signature Date : Day Month Year

Athlete: last name:_____ **first name :**_____

To be filled by NF

To be filled by IBSA

IV – FEE

Fee paid: Amount:_____, currency:_____Date:____/____/____

Bank accounts: Origin: **NIB:**_____Transfer to: **NIB:** _____

IBAN:_____ **IBAN:**_____**BIC/SWIFT:** __

BIC/SWIFT: _____

National Paralympic Committee or National Federation: _____

_____ _____ ____/____/____

Name (stamp) Signature Date : Day Month Year

_____.

Fee received: ❑ No ❑ Yes

IBSA Treasurer : _____ ____/____/____

Signature Date : Day Month Year

_____.

~~**Class changed after classification review**: ❑ No (no fee reimbursement) ❑ Yes (fee reimbursement)~~

Fee reimbursement: Amount:_____, currency:_____Date:____/____/____

❑ Sent to bank: **NIB:**_____ ❑ Paid cash

IBAN: _____

BIC/SWIFT: _____

IBSA Treasurer, or_____: _____

Name Signature

❑ Received

_____ : _____

Name Signature

To be filled by NF

V – REASSESSMENT RESULT

After classification review__: **Class changed:** ❑ No (no fee reimbursement) ❑ Yes (fee reimbursement)

CLASS: B1❑ B2❑ B3 ❑ NE❑ CNC❑

Account Name IBSA, Kurt-Schumacher-Str.22 , D-53113 Bonn, Germany
Bank Deutsche Bank AG, D-53113 Bonn, Germany
Branch No. 414
SWIFT Address DEUT DE DK 380
IBAN DE76 3807 0059 0056 5499 00