

REQUEST FOR CLASSIFICATION REVIEW (MRR)

A review request is possible for swimmers with a status BS or R – with fixed date review, when it is considered that there is a change in the swimmer's medical condition that would affect the classes allocated:

- By swimmer/parent if the swimmer's medical condition has changed either by medical intervention or other
- By swimmer/parent where the impairment is progressive and has deteriorated significantly that the swimmer may not fit the current classes.
- By the Classification Working Group if the classification system is revised/modified

The outcome of a review request may be one of the following:

- There is evidence to support a review and a review is granted. The review will take place the earliest opportunity subject to receipt of a new and recently completed Medical Diagnostic Form.
- The request is declined and no review is granted.
- Further medical evidence is requested for consideration

Please note:

- Recent (within the last 12 months) and relevant medical documentation must be included with this request
- Request for reviews must be submitted to the Aquatics GB Classification Dept at least 3 months prior to the commencement of the competition where classification is available
- A non-refundable fee of £100 payable to Aquatics GB should be sent with the request for review paperwork.

For any request to amend a Code of Exception the Medical Review Request procedure must be followed.

(If the request is upheld, any such re-assessment (of the Technical Assessment) of the swimmer must be solely for the purposes of identifying the Codes of Exception.

REQUEST FOR CLASSIFICATION REVIEW:

Swimmer's name:

Date of birth:

SE/SASA/WASA membership number

British Para-Swimming classification: S SB SM Classification status: BS R

Reason for review:

Change in medical condition ☐ Change in classification system ☐

Description of the change in impairment (for progressive impairments, injuries) and/or details and dates of any intervention: to be completed by a health professional with relevant expertise.

Medical documentation in support of the request attached from:

Consultant ☐

Surgeon ☐

Neurologist ☐

Name of person submitting the request:

Relationship to swimmer:

Signature

Date:

For office use:

Date Classification request received:

Classification request received by (print name):

Position:

Signature:

Request accepted ☐

Request denied ☐

Reason for denial: