



USEF Para-Equestrian Medical Review Request Form

Who should make a Medical Review Request?

A Medical Review Request needs to be submitted for athletes with sport Grade 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, joint fixations to assist posture/stability, or corrective eye surgery; 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 Grade (sport class) anymore.

Making a Medical Review Request

The medical review request must be made to the USEF and include:

- this medical review request form, completed legibly;
- attached medical documentation that demonstrates that the athlete's impairment changed after the last athlete evaluation the athlete attended; and
- The medical review request must be submitted to USEF at least 6 weeks before the next National Classification date.

Requests are to be submitted by the athlete to U.S. Equestrian for approval by the USEF Classifier via mail, fax, or email and sent to:

Lauren K. Johnson, Director of Para-Equestrian
United States Equestrian Federation, Inc.
PO Box 83
Gladstone, NJ 07934
Fax: 908-234-9417
lkjohnson@usef.org

Consequences of a Medical Review Request

If the Classifier, 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 Grade (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 the USEF determines that (a) a Medical Review Request should have been made and that (b) the athlete knew or should have known that a Medical Review Request should have been made may result in USEF treating that failure as being Intentional Misrepresentation on the part of the athlete



USEF Para-Equestrian Medical Review Request Form

USEF Medical Review Request Form

Last name:			
First name:			
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade:		Grade Status:	
USEF #			

Next scheduled classification event/competition the athlete will be attending

Event/Competition name:		Date:	
Location (City and State):			

Details on the change in impairment (To be completed by a health professional with relevant expertise)

Intervention details (if applicable. Examples: surgical, pharmacological, medical interventions)

Date of the intervention:		Location where intervention was carried out:	
Description of intervention:			
Reason for intervention and expected or achieved outcomes:			

Description of the change of impairment (in case of progressive or fluctuating impairments, injuries etc.):

Description of change(s) including timeline/date of onset:
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Supporting documentation attached:

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Health professional

<input type="checkbox"/> I confirm that the above information is accurate.	
Printed Name: _____	
Medical Specialty: _____	
License/NPI Number: _____	
Address: _____	
City: _____	State/Zip: _____
Phone: _____	E-mail: _____
Date: _____	Signature: _____

Please return this form to:

Lauren K Johnson, USEF Director of Para-Equestrian

**PO Box 83
Gladstone, NJ 07934**

P: 859 225-7693

F: 908 234 9417

Email: LKJohnson@usef.org