



## 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:
  - o Amputation level changes,
  - o Botox injections or tendon releases,
  - o 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.

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

Athlete Details		
Family Name:		
Given Name:		
Date of Birth (dd/mm/yyyy) :	Gender:	Female <input type="checkbox"/> Male <input type="checkbox"/>
Current Sport Class:	Sport Class Status:	
Current Extra Score:		



<b>Intervention details (if applicable)</b>	
Date of intervention:	
Location of intervention:	
Person responsible for intervention:	
Description of Intervention:	
Reason for intervention and expected outcomes:	

<b>Description of change in degree of impairment (progressive conditions and additional new health conditions)</b>	
Date of onset:	
Description of change in impairment	

<b>List of Supporting Documentation</b>	
<input type="checkbox"/> Medical Report <input type="checkbox"/> X-Ray <input type="checkbox"/> CT Scan <input type="checkbox"/> MRI <input type="checkbox"/> EMG/Nerve Conduction Studies	<input type="checkbox"/> Other (please list):  

<b>NMO/NPC Verification (mandatory):</b>	
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) .