



PARATRIATHLON REQUEST FOR CLASSIFICATION REVIEW

NF Details

NF Name: _____ NF contact name: _____

NF contact email: _____

Place and date of submission (dd/mm/yyyy): _____

Athlete details

Family name: _____

First name: _____

Date of birth (dd/mm/yyyy): _____

Current international sport class: PT

Current sport class status: _____

Reason for review

- Change in medical condition

All relevant medical documentation must be attached in English!

- Change in classification system

Reason for review:

NF Verification - Representative submitting the form: President, Secretary
General or ITU Head of Classification:

Name: _____

Position: _____

Signature: _____

Official stamp of
the NF



Reclassification Request received on (dd/mm/yyyy): _____

Reclassification Request received by (name): _____

Position: _____

Signature: _____

Request accepted / denied on (dd/mm/yyyy): _____

Reason for denial: _____

Name: _____

Signature: _____

Place, date: _____

Please note:

- Request for reviews must be submitted to ITU at least three (3) months prior to the commencement of the relevant competition where classification is available.
- Requests have to be submitted and signed by the NF President/Secretary General



Review request is possible for athletes with status C, R or FRD, when the NF considers there is a change in the athlete's medical condition that would affect the classes allocated:

by own NF/NPC if the athlete's medical condition is changed

by ITU Paratriathlon HoC if the classification system is revised / modified

Athletes with R status with a year marked for review will automatically be required to attend classification at a suitable competition in the year of review.

R status athletes are required to attend classification before competition and formal submission for review is not required, but the NF has to notify ITU that the athlete will attend the competition.

There will be a non-refundable fee of 100\$ USD.