

## PARATRIATHLON REQUEST FOR CLASSIFICATION REVIEW

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:	
Reasonfor review  Change in medical condition  All relevant medical documentation must be attached.  Changing classification system	ched in English!
NF Verification - Representative submitting the form: President	dent. Secretary General
or World Triathlon Head of Classification:	<b>,</b>
Name:	
Position:	Official stampof the NF
Signature:	
Reclassification Request received on (dd/mm/yyyy):	
Reclassification Request received by (name):	
Position:	
Signature:	

Request accepted / denied on (dd/mm/yyyy):
Reason fordenial:
Name:
Signature:
Place, date:

## Please note:

- Request for reviews must be submitted to World Triathlon 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 World Triathlon 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 World Triathlon that the athlete will attend the competition.

There will be a non-refundable fee of 100\$ USD. World Triathlon will send the NF an invoice as soon as the Medical Review is received.