



## IWAS WHEELCHAIR FENCING

### CLASSIFICATION MEDICAL REVIEW FORM

This form should be completed and returned to IWAS HQ with all associated information and documentation along with the fee. This is in accordance with IWAS Wheelchair Fencing Classification Medical Review procedure regulations c. 5.19)

**IWAS Member Organisation Name:**

**Country:**

**Federation submitting the Medical Review Form:**

**Name :**

**Position:**

**Signature:** \_\_\_\_\_

**Date & Time:**

**Name of Fencer to undergo Medical Review: (as per Passport)**

**First Name:**

**Last Name:**

**Team/Country:**

**Classification:**

**Non- Refundable Fee for Medical Review: £100**

**Medical Review Fee included with form: Yes**

**No**



**Reason for Medical Review Request; (use separate sheet if necessary)**

**Signature .....**

**Medical Review Panel comments**

**Decision of the Medical Review Panel**

**Medical Review Decision: New classification** \_\_\_\_\_

**classification remains** \_\_\_\_\_

**Date & Time:** \_\_\_\_\_

**Names:** \_\_\_\_\_

**Signatures:** \_\_\_\_\_



Please send payment to the following account:	
National Westminster Bank PLC,	
PO Box 54, 22Market Square, Aylesbury, Bucks HP201TR	
Account Name: IWAS -Sport Account	
Payment in Sterling	
Account No.	56915985
Sort Code	60-01-31
SWIFT CODE	NWBKGB2L
IBAN	GB79NWBK60013156915985
	Please make reference -WF Med.Rev.

**Please add Federation Stamp and signature below.**

**Stamp:**

**Signature:**