

17th Australian Transplant Games September 27 to October 3, 2020 Competitor's Medical Certificate

This certificate must be filled in by your **Transplant Specialist** between January 20 and August 23, 2020 and uploaded to your registration or returned to Transplant Australia (PO Box 3444, Rhodes NSW 2138) by **Friday August 23, 2020.**

COMPULSORY

Competitor's Details: Please print clearly
Surname: Given Names:
Date of Birth: Age:
Address: Suburb:
State: Post Code: Email:
Phone Home: () Work: () Mobile: ()
Medical Details: (Type of Transplant)
Kidney ☐ Heart ☐ Liver ☐ Pancreas ☐ Lung ☐ Bone Marrow ☐
Heart/Lung ☐ Tissue (including cornea and bone) ☐ Cystic Fibrosis ☐ Dialysis ☐
Other
Date of Transplant: Transplant Unit:
Competitor's Height (Cm): Weight (Kg):
Musculo-skeletal Disorders:
Treatment for heart disease: No 🗆 Yes 🗖 Details:
High blood pressure treatment: ☐ Low Blood Pressure: ☐(tick if yes)
Diabetes: No ☐ Yes - Insulin dependent ☐ Tablet controlled ☐ Diet controlled ☐
Allergies: No ☐ Yes: ☐ If yes, please list:
List of current Medications (including dosage)

Address:Address:	Petanque Darts Softball Archery Lawn Bowls Ten Pin Bowling Golf Table Tennis Orts
Cycling Badminton Athletics Tennis Volleyball I approve participation in high exertion sponsor and approve participation in high exertion a	Softball Archery Lawn Bowls Ten Pin Bowling Golf Table Tennis
Cycling Badminton Athletics Tennis Volleyball I approve participation in high exertion specialist Comments; Transplant Specialist Comments; Transplant Specialist Details:	Archery Lawn Bowls Ten Pin Bowling Golf Table Tennis
Badminton Athletics Tennis Volleyball ☐ I approve participation in high exertion specialist Comments; Fransplant Specialist Comments: Fransplant Specialist Details: Name:	Lawn Bowls Ten Pin Bowling Golf Table Tennis
Athletics Tennis Volleyball I approve participation in high exertion specialist Comments; Fransplant Specialist Comments: Fransplant Specialist Details: Name:	Ten Pin Bowling Golf Table Tennis
Tennis Volleyball ☐ I approve participation in high exertion specialist Comments; Fransplant Specialist Comments: Fransplant Specialist Details: Name:	Golf Table Tennis
Volleyball ☐ I approve participation in high exertion specialist Comments; ☐ ransplant Specialist Details: Name:	Table Tennis
☐ I approve participation in high exertion specialist Comments; Fransplant Specialist Details: Name:	
Fransplant Specialist Comments; Fransplant Specialist Details:	orts
Name:	
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Name:	
Address:	Designation:
	(Patient Name) is fit to compete at the Transplant Game
Signed: Date	ed:Telephone: ()
Please affix Practice/Dr Name stamp in this	s square
Troube utila tructice/Di Trume stamp in uni	o square.