

Application for: AusCycling TX Multi Class

Competitor's Details:

Surname: Given Names:

Date of Birth: Age:

Address: Suburb:

State: Post Code: Email:

Phone Home: Mobile:

Competition: (Tick which sports)

- ☐ AusCycling TX

Transplant Type:

If Other please specify Date of Transplant:

Transplant Unit: Name of physician:

Competitor's Height (Cm): Weight (Kg):

Creatinine (.300u/Mol/L): Hb (>10hm.dl): BP(<150/90): Hbs Ag:

Musculo-skeletal Disorders:

LFT's, Enzymes, Bilirubin not more that 10% above normal levels:

Angiography (no significant coronary artery narrowing):

Diabetes: No ☐ Yes: ☐ Insulin dependent ☐ Tablet controlled ☐ Diet controlled ☐

Allergies: No ☐ Yes: ☐ If yes, please list:

List of current Medications (including dose - please use the back of this page if you need more room):

Transplant Specialist Comments;

Transplant Specialist Details:

Name: _____ Designation: _____

Address: _____

I certify that the above named athlete is fit to compete in their chosen sports.

Signed: _____ Dated: _____ Telephone: () _____

Please affix Practice/Dr Name
stamp in this square.

By completing and returning this form you agree to being placed on a public list to confirm your classification.