

## Application for: Swimming S16 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)

- ☐ Swimming S16

**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):**

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**Transplant Specialist Comments;**

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**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.