

17th Australian Transplant Games

October 1 to October 6, 2024

Living Donor - Competitor's Medical Certificate

This certificate must be filled in by your **Transplant Specialist** between 8th May,2024 and 2nd September,2024 and uploaded to your registration by 9th September 2024.

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: (Living Donors)

Kidney Liver Bone Marrow

Other _____

Date of Donation: _____ Transplant Unit: _____

Do you have ischaemic heart disease: No Yes

Do you have asthma: No Yes

Have you had heart or lung surgery: No Yes

If yes, please provide details: _____

Do you have respiratory disease? No Yes

If yes, please provide details: _____

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)

High Exertion Sports	Low Exertion Sports
3k and 5k Road Race	Petanque
Triathlon	Croquet
Swimming	Table Tennis
Cycling	Darts
Badminton	Lawn Bowls
Athletics	Table Tennis
	Golf

I approve participation in high exertion sports I only approve participation in low exertion sports

Medical Doctor's Comments;

Medical Doctor's Details:

Name: _____ Designation: _____

Address: _____

Phone/Mobile:

I certify that _____ (Patient Name) is fit to compete at the Transplant Games.

Signed: _____ Dated: _____ Telephone: () _____

Please affix Practice/Dr Name stamp in this square.