

**17th Australian Transplant Games  
October 1 to October 6, 2024  
Transplant Recipient - Competitor's Medical  
Certificate**

This certificate must be filled in by your **Transplant Specialist** between  
8th May,2024 and 2<sup>nd</sup> September,2024 and uploaded to your  
registration by 9<sup>th</sup> 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: (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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

High Exertion Sports	Low Exertion Sports
3k and 5k Road Race	Petanque
Triathlon	Croquet
Swimming	Table Tennis
Cycling	Darts
Badminton	Lawn Bowls
Athletics	Ten Pin Bowling
Tennis	Golf
Football (soccer)	Table Tennis
Volleyball	
Basketball	

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

**Transplant Specialist Comments;**

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**Transplant Specialist Details:**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Address: \_\_\_\_\_

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.