

Transplant Recipient Medical Clearance

18th Australian Transplant Games – Launceston Tasmania
26 September to 3 October 2026

*This clearance form must be filled in by your **Transplant Specialist** and submitted to Transplant Australia to finalise your registration by **9th September 2026**.
Please print clearly – all sections are required.*

Personal Details (Warrior Registration Category)

Surname: _____ Given Name: _____
 Date of Birth: _____ Age: _____
 Address: _____
 Suburb: _____ Post Code: _____
 State: _____ Mobile: _____
 Email: _____
 Emergency Contact: _____ Mobile: _____

Medical Details

Kidney Heart Liver Pancreas Lung
 Heart/Lung Bone Marrow Stem Cell Cornea Skin
 Small/Large Intestine Bone/ Tendon/ Cartilage Graft Cystic Fibrosis Dialysis Hypoplastic L/R
 Other: _____ Heart Syndrome Waiting

Date of Transplant: _____ Transplant Unit: _____

Competitor's Height (cm): _____ Competitors Weight (kg): _____

Musculo-skeletal Disorders:

Heart disease: No Yes Details: _____
 High blood pressure: No Yes Low Blood Pressure: No Yes
 Diabetes: No Yes - Insulin dependent Yes - Tablet controlled Yes - Diet controlled
 Allergies: No Yes Details: _____

List of Current Medications: _____
 (Including dosage) _____

High Exertion Sports	Low Exertion Sports
1k (Children) and 5k (all Age) Road Race	Petanque
Athletics	Darts
Swimming	Pickleball
Cycling	Lawn Bowls
Badminton	Ten Pin Bowling
Tennis	Golf
Netball	Table Games: <i>Sudoku, Chess, Backgammon, Scrabble</i>
Football (soccer)	
Volleyball	
Basketball	

<input type="checkbox"/> I approve participation in high exertion sports	<input type="checkbox"/> I only approve participation in low exertion sports
--	--

Transplant Specialist Comments;

Transplant Specialist Details:

Name: _____ Designation: _____

Address: _____

I certify that _____ (Patient Name) is fit to compete at the
2026 Australia Transplant Games.

Signed: _____

Telephone: () _____

Dated: _____

Please affix Practice/Dr Name stamp in this square.