

Transplant Athlete Medical Form 2023 World Transplant Games, Perth, Australia

Please note that you should **only use this form for collecting your medical data** because you **MUST input all the data online** in order to complete your registration to the 2023 World Transplant Games.

You **MUST** visit the Doctor-in-charge of your transplant follow-up in order to get your accurate medical data and ensure that your Doctor is happy for you to compete in your chosen sports. Completion of these forms confirms that you have indeed visited your doctor to obtain this information.

Steps to follow:

1. Download and print the medical form to aid you in collecting information needed to fill online
2. Visit your transplant follow up doctor to obtain the medical information required
3. Complete the medical forms online from 15 October 2022 (details to be provided) ***Forms have to be completed online, no paper forms will be accepted.***

Medical Forms may be completed from 6 months prior to the Games (from 15 October 2022) up until close of registration (17 February 2023)

The information on your medical forms will be reviewed prior to confirmation of your ability to compete. If the information is incomplete you will not be allowed to participate in the Games.

Before competing in the World Transplant Games it is expected that your general health and fitness are stable as judged by your transplant follow-up doctor. Your health is to be measured by the tests performed by your follow-up doctor and, if necessary, your follow-up cardiologist or sports doctor. You are responsible for maintaining your own training program, preferably in conjunction with a sporting advisor/coach.

You should adapt your training program to match your chosen sports. The 3 stress levels are shown below:

| LOW STRESS | MEDIUM STRESS | HIGH STRESS | |
|------------------|------------------------|------------------------|-------------------|
| Golf | Table Tennis | Race Walking | Road Race |
| Petanque / Boule | Volleyball | Athletics Track Events | Squash |
| | Athletics Field Events | Badminton | 3 on 3 Basketball |
| Darts | | Cycling | Football |
| Archery | | Swimming | Tennis |
| Lawn Bowls | | Sprint Triathlon | |

COMPETITOR DETAILS

***Team Country:** _____

***URN** (Unique Reference Number received by email when you registered for the Games)

***First Name:** _____

***Last Name:** _____

***Date of Birth: (dd/mm/yyyy)** _____

***Sex: (circle)** Male Female

***Home Address:** _____

***Email:** _____

***Mobile:** _____

***Emergency Contact name** _____

***Emergency Contact relationship** _____

***Emergency Contact number:** _____

TRANSPLANT DETAILS

***Date of transplant** _____

***Type of Transplant:**

Bone marrow/ Stem cell Yes No (*from a donor)

Double Lung Yes No

Heart Yes No

Heart/lung Yes No

Intestine Yes No

Kidney Yes No

Liver Yes No

Single Lung Yes No



| | | |
|-----------------------|-----|----|
| Pancreas | Yes | No |
| Pancreas and Kidney | Yes | No |
| Pancreas Islet Cell | Yes | No |
| Other (please specify | Yes | No |

FITNESS INFORMATION

***I certify that I take part in regular physical activity as follows:**

* _____ times per week
_____ minutes per session

***I am training at a stress level of:** (circle) Low Medium High

I take part in the following sports for leisure / competitively:

***I intend to take part in the following sports in Perth:**

MEDICATION

***Please complete the Table below:**

| Name of Medication | Dose | Frequency |
|--------------------|------|-----------|
| | | |
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MEDICAL INFORMATION

- | | | |
|--|------------|-----------|
| *Are you pregnant | Yes | No |
| *Are you on anticoagulants | Yes | No |
| *Do you have diabetes mellitus | Yes | No |
| *Do you have ischaemic heart disease | Yes | No |
| *Do you have epilepsy | Yes | No |
| *Do you have asthma | Yes | No |
| *Have you had a heart or lung operation | Yes | No |

If yes, please provide more details _____

- | | | |
|--|------------|-----------|
| *Are you allergic to any medication | Yes | No |
|--|------------|-----------|

If yes state _____

- | | | |
|---|------------|-----------|
| *Are you allergic to anything else | Yes | No |
|---|------------|-----------|

If yes state _____

- | | | |
|--|------------|-----------|
| Do you have a history of COVID-19 infection | Yes | No |
|--|------------|-----------|

If yes, date _____

Number of COVID-19 vaccination doses: _____

Brand and date of last dose (we recommend 3 doses): _____

LABORATORY DATA

Results of all tests are required.

All results should be from tests performed **after** 15 October 2022

| Test | Result | Unit of measurement | Date of test |
|------|--------|---------------------|--------------|
| | | | |

| | | | |
|---|--|--|--|
| *Creatinine / eGFR: (Glomerular Filtration Rate) | | | |
| *Haemoglobin | | | |
| *ALT | | | |
| *AST | | | |
| *Bilirubin | | | |
| *Alkaline Phosphatase | | | |
| *Blood sugar | | | |
| *HbA1c (if diabetic) | | | |

Hepatitis B (HBsAg) **Yes** **No**

Hepatitis C (anti-HCV) **Yes** **No**

Cyclosporine level (target): _____

Tacrolimus Level (target): _____

CARDIO-VASCULAR & RESPIRATORY STATUS

***Baseline Blood Pressure (<150/90)** _____

***History of High Blood Pressure: (circle)** **YES** **NO**

Pulmonary function (HEART/LUNG, LUNG TRANSPLANT ONLY)

FEV1: _____

Vital Capacity: _____

CARDIAC STRESS TEST

A cardiac stress test is recommended for patients with a history of coronary heart disease and those over 40 years of age who are competing in medium or heavy stress level events. A cardiac stress test is highly recommended for heart and lung recipients at any age, A heart and lung recipient's routine stress test can be used at

the discretion of the cardiologist. All cardiac stress tests should be performed not earlier than 6 months prior to the start of the Games (15 Oct 2022). Coronary angiograms may be required if the stress test is abnormal.

Will you be completing a cardiac stress test: (circle) YES NO

If you selected NO – you will be required to tick a box on the online forms, which say that you understand and accept the risk of not performing the stress test as, suggested.

Cardiac Stress Test Results:

Maximum Strength tolerated and duration: _____

Percentage of maximal theoretic frequency: _____

Reason for stopping test: _____

ECG – rhythm abnormality: (circle) YES NO

Resting pulse and maximal: _____

****You will be required to upload a copy of your Cardiac stress test results***

For those with an abnormal stress test, please supply results of the most recent coronary angiogram or cardiac isotopic scan and date.

| Procedure | Date | Results |
|-----------|------|---------|
| | | |
| | | |
| | | |

Ejection fraction of left ventricle (EFLV): _____

Rhythm abnormalities: _____

MEDICAL DOCTOR'S DETAILS

***Medical Doctor Name:** _____

***Hospital / Institute:** _____

***Address:** _____



*Telephone:

*Email:

*Date of consultation:

I confirm that my medical doctor carried out an examination at the date of consultation indicated above, agreed I am fit to compete in my selected events, and provided me with all the medical information required in this document. {tick box}

DATA STORAGE & PARTICIPATION IN CLINICAL RESEARCH:

***I agree that my data will be transferred to an online system for access and use by the World Transplant Games 2023 medical/physio team for the sole purpose of providing treatment, if required, for the duration of the Games**

YES NO

***I am willing to be approached to participate in clinical research during the World Transplant Games in 2023:**

YES NO

***I agree that after the Games my data may be stored in a non-identifiable format and be used for future studies by the World Transplant Games Federation authorised researchers:**

YES NO

Please note that all relevant GDPR requirements will be followed in the management of medical forms. Please see a link to our [data protection statement here](#).

DECLARATION:

*I confirm that the information provided is true and accurate to the best of my knowledge and, where required, information is provided by a qualified medical doctor {tick}

*Electronic Signature: _____

*Date: _____

Please do not forget that **ALL MEDICAL FORMS** must be **COMPLETED ONLINE**
(link available from 15 October 2022)