

**Donor Family / Living Donor –  
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<sup>h</sup> 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 2 stress levels are shown below:**

LOW STRESS	MEDIUM STRESS	HIGH STRESS
Golf	Athletics Field Events	Race Walking
Petanque / Boule		Athletics Track Events
Darts		Road Race
Lawn Bowls		Swimming

## 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: \_\_\_\_\_

## DONOR DETAILS

Are you a Living Donor?                      YES                      NO

Organ/ tissue donated                      Kidney                      Liver                      Bone Marrow

Date of donation: (dd/mm/yyyy) \_\_\_\_\_

Are you a family member of a deceased donor?      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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL INFORMATION**

**\*Baseline Blood Pressure (<150/90)** \_\_\_\_\_

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

**\*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** \_\_\_\_\_

**\*Do you have respiratory disease?**                      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 state \_\_\_\_\_

Number of COVID-19 vaccination doses: \_\_\_\_\_

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

**CARDIAC STRESS TEST**

A cardiac stress test is recommended for patients with symptoms or history of coronary heart disease competing in heavy stress level events. Please note the road race, racewalking, 50m freestyle swimming and 100m athletic sprint are considered heavy stress level events. All cardiac stress tests should be done not earlier than 6 months prior to the start of the Games (15 Oct 2022). Coronary angiogram may be required if the stress test is abnormal.

\*Will you be completing a cardiac stress test:      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.*

**If yes, please provide information:**

**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***

### CURRENT MEDICATION

Please complete the Table below:

Condition	Required Medication	Dose/Frequency

### 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<sup>th</sup> October 2022).