Transplant Athlete Medical Form
2020 World Transplant Winter Games, Banff Alberta

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 2020 World Transplant Winter 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 30 September 2019 (details to be provided) **Forms have to be completed online, no paper forms will be accepted.**

Medical Forms may be completed up until close of registration (10 Jan 2020)

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 Winter 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:**

<table>
<thead>
<tr>
<th>LOW STRESS</th>
<th>MEDIUM STRESS</th>
<th>HIGH STRESS</th>
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<tbody>
<tr>
<td>Curling</td>
<td>Snowshoe</td>
<td>Ski Slalom</td>
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<td></td>
<td></td>
<td>Snowboard Giant Slalom</td>
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<tr>
<td>Ski Parallel Slalom</td>
<td>Cross Country Ski 5km</td>
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<tr>
<td>Ski Giant Slalom</td>
<td>Cross Country Ski</td>
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<tr>
<td>Ski Super Giant Slalom</td>
<td>Biathlon</td>
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<tr>
<td>Snowboard Parallel Slalom</td>
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</table>
COMPETITOR DETAILS

*Team Country: _______________________________________
*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 Banff:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

MEDICATION

*Please complete the Table below:

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dose</th>
<th>Frequency</th>
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</table>
**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  
___________________________________________  

**LABORATORY DATA**

Results of all tests are required.  
All results should be from tests performed after 01 September 2019  

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Unit of measurement</th>
<th>Date of test</th>
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<tbody>
<tr>
<td><em>Creatinine / eGFR: (Glomerular Filtration Rate)</em></td>
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<tr>
<td><em>Haemoglobin</em></td>
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<td><em>ALT</em></td>
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<tr>
<td><em>AST</em></td>
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<tr>
<td><em>Bilirubin</em></td>
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<td><em>Alkaline Phosphatase</em></td>
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<td><em>Blood sugar</em></td>
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<td><em>HbA1c (if diabetic)</em></td>
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<td>Hepatitis B (HBsAg)</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Hepatitis C (anti-HCV)</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Cyclosporine level (target):</td>
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</table>
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. All cardiac stress tests should be performed not earlier than 6 months prior to the start of the Games (23 August 2019). 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 a 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.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Date</th>
<th>Results</th>
</tr>
</thead>
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</table>

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 Winter Games 2020 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 Winter Games in 2020:  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