



MEDICAL FORM (National Football MF)

PARTICIPANT DETAILS

First Name: _____ Last Name: _____
 Date of Birth: ____/____/____ (dd/mm/yyyy)
 Sex: M / F Original Disease: _____ First Transplant / Re-transplant,
 Date of last Transplant: ____/____/____ (dd/mm/yyyy) Deceased / Living transplant,
 Type: Kidney; Lung; Heart; Liver; Bone-marrow (from a donor), Pancreas & islet cell; Small Bowel
 Address: _____
 Email: _____
 Emergency Contact Telephone number: _____ Mobile: _____
 Next of Kin: Name: _____ Ph No: (____) _____

To be completed by Transplant follow-up doctor

Must be completed and signed before participating in training sessions.

I, Dr _____ Telephone (____) _____
 Email _____
 hereby certify that Mr/Mrs/Ms _____
 Date of Birth: ____/____/____ Organ Transplanted: _____
 Date of Transplantation: ____/____/____
 has indicated that he/she wishes to compete in the football training and matches.

I certify that he/she has not any major rejection episode within the last month and he/she has no contraindications for participation in the football training and matches.

I advised to wear body protecting during the training sessions and matches.

Name: _____
 Qualification: _____
 Signature: _____
 Date: _____

No medical information beside kind of transplant to trainer/coach!