



**World Transplant Games Federation**  
Powered by the gift of life



**WORLD  
TRANSPLANT  
GAMES 2019**  
NEWCASTLE GATESHEAD UK

## **Transplant Athlete Medical Form 2019 World Transplant Games, Newcastle Gateshead**

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 2019 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 17 February 2019 (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 17<sup>th</sup> February 2019) up until close of registration (01 May 2019)**

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:**

<b>LOW STRESS</b>	<b>MEDIUM STRESS</b>	<b>HIGH STRESS</b>	
Golf	Table Tennis	Race Walking	Road Race
Petanque / Boule	Volleyball	Athletics Track Events	Squash
Bowling- 10pin	Athletics Field Events	Badminton	3 on 3 Basketball
Darts		Cycling	Football



Archery		Swimming	Tennis
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## 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:** \_\_\_\_\_

\*mandatory field

## 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:**

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**\*I intend to take part in the following sports in Newcastle:**

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**MEDICATION**

**\*Please complete the Table below:**

Name of Medication	Dose	Frequency


### MEDICAL INFORMATION

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

If yes, please provide more details \_\_\_\_\_

- |  |            |           |
|--|------------|-----------|
| <b>*Are you allergic to any medication</b> | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|

If yes state \_\_\_\_\_

- |   |            |           |
|---|------------|-----------|
| <b>*Are you allergic to anything else</b> | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|

If yes state \_\_\_\_\_

### LABORATORY DATA

Results of all tests are required.

All results should be from tests performed **after** 16 February 2019

Test	Result	Unit of measurement	Date of test
<b>*Creatinine / eGFR:</b> (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. All cardiac stress tests should be performed not earlier than 6 months prior to the start of the Games (17 Feb 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 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 2019 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 2019:

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 17<sup>th</sup> February).**