European Transplant and Dialysis Sport Championship
Medical Certificate

Guidance notes for competitors and transplant medical staff completing this form:

Competitors

1. Ensure the medical certificate is fully completed, listing all medications and dosages, before handing in to your transplant team who will complete the results section and sign.
2. Ensure you have been in training in the events listed.
3. The form must be signed by yourself (or your guardian if you are under 18 years.
4. **Ensure your transplant consultant is aware of which events you are taking part in.**
5. Medical certificates should be completed and signed by a transplant consultant or other specialist (if required) **Please give them these notes with your medical certificate**.
6. If you wish for your medical information to remain confidential, the certificate may be placed in a sealed envelope before handing to your team manager.

To be completed within three months of the deadline or within 6 months, if transplant follow up/bloods are 6 monthly (as BP and results are stable)

Post Transplant Specialist: Consultant or a Specialist Registrar

Thank you for taking the time to complete this medical certificate for the Transplant Sports Event. It is of vital importance that competitors are fit to take part in the events they list, in order not to put themselves or indeed others, at any unnecessary risks.
Please ensure you are satisfied that the competitor's medical condition and transplant organ function permits him / her to take part safely in the events listed.
Events have been graded into 3 levels to reflect the intensity of activity.

Low: walking, golf, 10 bowling, lawn bowling, darts, snooker, archery and fishing.
Medium: table tennis, volleyball, basketball, field events
High: athletics, badminton, cycling, rowing, squash, swimming, tennis, football and mini-marathon.

Results/check up should be within three months of the deadline or within 6 months, if transplant follow up/bloods are 6 monthly (as BP and results are stable)
If wishing to compete in medium / high stress sports, and previous cardiac history is documented, then for the safety of the patient, it is highly recommended that further cardiological assessment be performed.

Please note that the figures below are for guidance only. It is most important that you consider the participant's general condition and his / her co-morbidities particularly cardiovascular disease, as well the activity level of the event when determining their suitability to participate in their chosen events.

All types of organ transplants
Hb >10gm/dl
eGFR ≥20ml/min for low /medium stress sports and ≥30ml/min for high stress sports (adults and children)
Serum creatinine <200umol/l (children)
Please consider events carefully; cannot compete if eGFR <10ml/min
BP <160/90 (adults) <97th centile (children)
Liver Transplants
LFTs <50% above labs normal values
Heart Transplants
Good graft function as demonstrated by Echocardiography, angiography/MRI, or stress ECG **(within the last year)**
Lung Transplants
Good graft function as demonstrated by lung function studies **(within the last year)**
Haemopoetic Cell Transplants
WBC >3x10^3/L, (but not more than 10$^{4)}$ Neutrophils >1.5x10^3/L platelets >80x10^3/L

Finally please comment on competitors graft function and his or her suitability and fitness to compete in the listed sports.

If you have any concerns or queries about your patient, please contact one of our medical advisors, through the ETDF office – etdsf.office@gmail.com

European Transplant and Dialysis Sport Championship

Medical Certificate

To be completed within three months of the deadline (15th April) or within 6 months, IF transplant follow up/bloods are 6 monthly (as BP and results are stable)

Name:	**Telephone No:**
Transplant unit:	**Date of Birth:**
Date of Transplant:	
Type of Transplant:	
I give my consent to my Transplant Sport Team Manager seeing my completed medical form	**Yes/No**

I declare I have been in training for at least 3 months for the following events		
1.	**2.**	**3.**
4.	**5.**	

ALL TYPES OF ORGAN TRANSPLANTS

Date of Results –

eGFR (excluding dialysis patients) **OR**	**Creatinine**: (excluding dialysis patients)	**Hb:**	**BP:**
Musculo skeletal disorder: Yes / No		**Diabetes:** Yes / No	**Insulin** Yes/No
Vision: Normal / Impaired / Blind		**Epilepsy** Yes/No; **Asthma** Yes/No **Cardiac History** Yes/No	
Any special requirements e.g. physical disabilities or special needs			

MEDICATION:

Drug (delete as appropriate). **Dose.** **Frequency**

Tacrolimus / Ciclosporin

Mycophenolate / Azathioprine

Prednisolone

Other drugs please list:

Anti coagulation therapy? **Y/N** **Name:** **Recent INR (if on warfarin):**

ALLERGIES:

LIVER TRANSPLANTS ONLY

Bilirubin:	**Alk Phos:**	**ALT:**	**AST:**

HEART & LUNG TRANSPLANTS ONLY

Cardioangiography/MRI:
Echocardiography:
Exercise ECG:
Lung Function Tests:

BONE MARROW TRANSPLANTS ONLY

WBC:	**Neutrophils:**	**Platelets:**

DIALYSIS PATIENTS Y/N

Type of dialysis:
If on haemodialysis, which days do you dialyse on?

MEDICAL ADVISORS COMMENTS: (Please comment on graft function & suitability to compete)

If on dialysis please confirm that the participant is stable with good blood pressure, fluid and biochemical control.

Signature: ..... **Date:** .....

Name: ..... **Status:** .....

Hospital stamp:

PARTICIPANT SIGNATURE

Signature:	**Date:**

PARENTAL SIGNATURE IF UNDER THE AGE OF 18 YEARS OLD

Signature:	**Date:**

Thank you for taking the time to complete this form. If you have any concerns or queries, please contact one of our medical advisors, through the ETDF office – etdsf.office@gmail.com

Patient Name:

Dialysis Information

Dialyser type and size: (select from list on accompanying letter or pts can bring their own)	Fluid: (Please select from list included in accompanying letter)
Dry weight: kg	Number of hours:
Blood flow rate: ml/min Min/Max: 250/320	Average weight gains: kg
Access details: Site: Needles	Condition of access: (e.g. good,)
Average B/P: Pre-dialysis Post-dialysis	Heparin requirements: Loading dose:
Recent blood results: U & E's Pre: K+ Urea (BUN) Post: K+Urea Latest HB:	Erythropoietin dose and frequency: (NB patient must bring their own EPO)
Hepatitis B & C status: See Results Date: HIV status: Results Date:	MRSA: Date:
Initial diagnosis:	Brief Medical History:
Other major illnesses: •	Allergies:
Medications in HD	Home medications
Other relevant information/problems on Dialysis: None	Any special requirements: None

Signed: ..... Date: .....

Authorising Doctor's name: (please print) .....

Doctors Signature: .....