

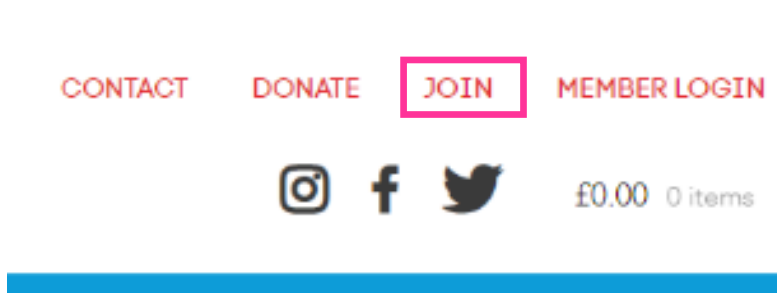


European Transplant & Dialysis Games, Oxford 2022 Medical Form – Step By Step Instructions

1. Visit www.transplantsport.or.uk this will allow you to sign up to complete your medical form.



2. At the top right of the page click “Join”.



3. On the next screen fill out your personal information, answering all boxes marked with a *

MEMBER SIGNUP

Title * First name Surname

Male Female Date of birth Parents name (if under 18)

Address *

Street address

Address line 2

City County

Postal code United Kingdom

Email * **Telephone number ***

Email Telephone number

Transplant recipient *

Yes
 No

Hospital team *

Which hospital Team would you like to join? This could be the hospital you receive follow up treatment, or the hospital where you received your transplant. Please make sure you check Adult or Children options so we can allocate you to the correct team.

Choose a hospital team

How did you hear about Transplant Sport?

Choose one

What type of events are you interested in?

Individual sport
 Team sport
 Social
 Art
 Music
 Other

Would you like us to pass on your name and contact details to the local hospital Team Manager? *

Yes
 No

I consent to my Transplant Sport Team Manager to see my completed medical form for the events I participate in. *

Yes
 No

We are often asked for stories to go into the press to promote organ donation, would you be interested in sharing your story with the press? If so, we will contact you when we receive a request for information. *

Yes
 No

We are a charity supported almost entirely by volunteers with 3 part time members of staff. We are always open to offers of help from our members. As well as donations of time we need individuals who have contacts in the business world eg. printing, media, marketing, communications, fundraising. If you are able to help, please indicate below: *

Yes I can help - I have connections / skills / experience in the following. (please specify below)

Ethnicity monitoring *

White

Yes
 No

Would you like to receive quarterly eNewsletters from Transplant Sport, promoting our upcoming events and our success stories? *

Yes
 No



4. Once you have completed your personal details click on the red submit button.

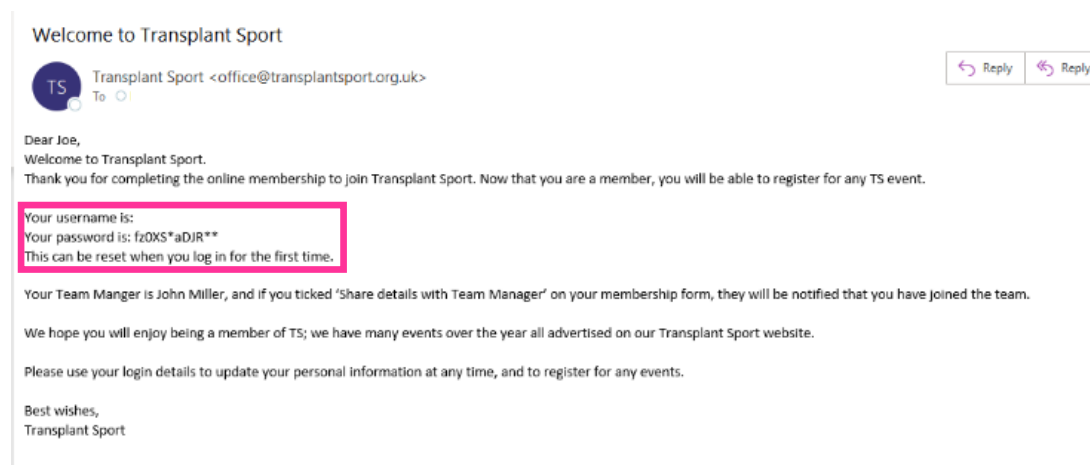
Ethnicity monitoring *
White

Would you like to receive quarterly eNewsletters from Transplant Sport, promoting our upcoming events and our success stories? *

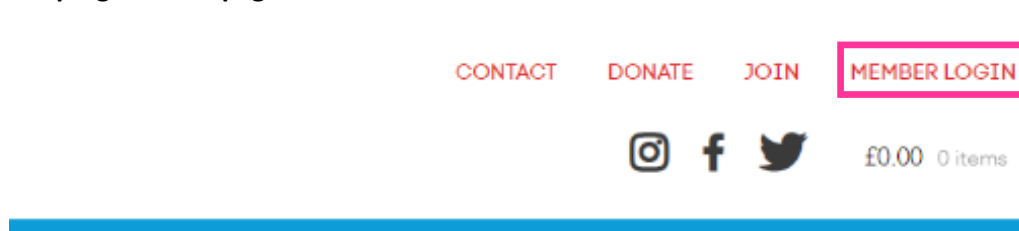
Yes
 No

SUBMIT

5. Once you have submitted your personal details you should receive an email from office@transplantsport.org.uk this includes your Transplant Sport Login details.



6. When you go back onto the www.transplantsport.org.uk website click "Member Login" on the top right of the page.



7. Enter the login details you received in the email from office@transplantsport.org.uk and click the red log in button.

MY ACCOUNT

Email

Password

LOG IN

Remember me

[Lost your password?](#)



- When you login the landing screen will show you the personal details you entered when signing up for Transplant Sport.

MY ACCOUNT

Profile	Password	Medical Form	Orders	Logout
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PROFILE

Title	First name	Surname
Mr.	Joe	Bloggs
Gender	Date of birth *	Parent name
<input checked="" type="radio"/> Male <input type="radio"/> Female	1995-08-14	Parent name (if under 18)
Address *		
04 Park Square		
Newton chambers road		
Sheffield	yorkshire	
S35 2ph	Country	

- In the blue banner, click the “Medical Form” tab, this will allow you to fill out your Medical Information.

MY ACCOUNT

Profile	Password	Medical Form	Orders	Logout
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PROFILE

- On the medical form page, you should fill out the questionnaire adding your personal medical information.

MEDICAL FORM

DOWNLOAD

First name *	Last name *
Joe	Bloggs
Telephone number *	Transplant unit
Consultant	Event *
paul.harden@nhs.net (Paul Harden) x	Skiing & Sports Weekend
GMS number *	
GMS 99999	



11. In the event dropdown you should chose the European Transplant & Dialysis Games. The consultant for the event is Paul Harden.
When you register for the Games, a GMS number will be applied to yourself.

MEDICAL FORM DOWNLOAD

First name*	Last name*
<input type="text" value="Joe"/>	<input type="text" value="Bloggs"/>
Telephone number*	Transplant unit
<input type="text"/>	<input type="text"/>
Consultant	Event *
<input type="text" value="paul.harden@nhs.net (Paul Harden)"/>	<input type="text" value="Skiing & Sports Weekend"/>
GMS number *	
<input type="text" value="GMS 99999"/>	

12. Once you have entered your medical data, tick the electronic signatures box and the red “Update” button.

ELECTRONIC SIGNATURES

Consultant

Please tick to confirm the information in this form is correct

UPDATE

13. Once you have submitted your form correctly you should see a green banner with the message “Submission Successful”. This confirms that your medical details are entered correctly and sent to Dr Paul Harden.

MY ACCOUNT

Profile Password Medical Form Orders Logout

MEDICAL FORM DOWNLOAD

Submission successful.