

Medical Information (MF2)

For Transplant Athletes



World Transplant
Winter Games

Anzère-Arbaz
SWITZERLAND 2018

This information is requested from the Doctor who is in charge of your transplant follow-up. The form must be completed and signed not earlier than six (6) months before the event and returned to the World Transplant Winter Games 2018 Office before **1 November 2017**

Please note: This information will be carefully reviewed prior to the competitor's registration. If the information provided is incomplete, the athlete will not be permitted to register.

COMPETITOR'S DETAILS (please circle when appropriate):

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:	.....	Mobile:	.....
Emergency Contact Telephone number:	.....	
Next of Kin: Name:	.....	Ph No: ( )	.....

Current Medications: Please see MF1 or attach complete list including complementary medicines.

Allergies/Diet	.....	Competitor's Height (cm)	.....
		Competitor's Weight (kg)	.....

LABORATORY DATA (input level of each test):

Creatinine	.....	Blood Sugar	.....
eGFR (Glomerular Filtration Rate)	.....	HbA1c (if DM)	.....
Haemoglobin	.....	Cyclosporine Level (trough)	.....
ALT	.....	FK Level (trough)	.....
AST	.....	Hepatitis B (HBsAg)	+ / -
Bilirubin	.....	Hepatitis B (anti-HBs)	+ / -
Alkaline Phosphatase	.....	Hepatitis C (anti-HCV)	+ / -

CARDIO-VASCULAR AND RESPIRATORY STATUS (attach report if any):

History of High Blood Pressure	YES	NO
Results of the most recent coronary angiogram or cardiac isotopic scan and date	Procedure: PTA / STENT / CABG – Yes / No Date:	
Baseline Blood Pressure (<150/90)	Lying	Standing
Ejection fraction of left ventricle (EFLV)	.....
Rhythm abnormalities:	.....
Pulmonary function (if lung disease or lung transplant)	FEV1	Vital Capacity

OTHER MEDICAL PROBLEMS

e.g. Diabetes Mellitus, Epilepsy, Asthma:

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MEDICAL ADVISOR'S DETAILS

Name:	Signature:
Institute:		
Address:		
Telephone: ()	Fax: ()
Email:	.....	Date:	.....

All medical forms should be scanned and saved as a PDF and sent to medicalforms@wtgf.org.

Please save your document as FAMILY NAME / FIRST NAME – Country – Medical Form Number (I.e. MF1 / MF2 / MF3 / MF4)