

Medical Certificate (MF3)

For Transplant Athletes



World Transplant
Winter Games
Anzère-Arbaz
SWITZERLAND 2018

Part A: (to be completed by Transplant follow-up doctor)

It must be completed and signed within six (6) months of the commencement of the Games and returned to the Winter Games Office before **1 November 2017**

I, Dr _____ Telephone (_____)

Email _____

hereby certify that Mr / Mrs / Ms _____

Date of Birth: (dd/mm/yyyy) _____ / _____ / _____ Organ Transplanted: _____

Date of Transplantation: _____ / _____ / _____ has indicated that he/she wishes to compete in the WTG2018.

I certify that he/she has not had any major rejection episode within the last month and he/she has no contraindications for participation in the following sporting activities/events: (List precisely which sports):

: _____ : _____

: _____ : _____

(Please note that the sports not listed here are assumed not suitable for this athlete.)

Name: _____

Qualification: _____

Signature: _____

Date: _____

Stamp

Part B: (to be completed by Cardiologist)

Please note that Cardiac Stress Test is strongly recommended for heart and lung transplants, patients with history of coronary heart disease and those over 40-years of age and competing in medium or heavy stress level events. All Cardiac Stress Test should be done not earlier than six (6) months before the start of the Games. Coronary angiograms may be required if the stress test is abnormal.

I, Dr _____ Telephone (_____)

Email _____

I have witnessed the stress test and blood pressure profile carried out on _____

Mr / Mrs / Ms _____ Dated: _____

Here are the results: (enclose a copy of the test)

Maximum strength tolerated and duration: _____ Percentage of maximal theoretic frequency: _____

Reason for stopping test: _____ ECG - rhythm abnormality Y / N _____

Resting pulse and maximal: _____

I certify that he/she has no contraindications to participate in following sporting activities/events: (List precisely which sports):

: _____ : _____

: _____ : _____

(Please note that the sports not listed here are assumed not suitable for this athlete.)

Name: _____

Qualification: _____

Signature: _____

Date: _____

Stamp

Part C: (to be completed by an Athlete who does not complete the stress test as requested)

I understand and accept the risk of not performing the stress test as suggested.

Name: _____ Date: _____ Signature: _____

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)