

(DF1) - Medical Certification & Participation Form

For Living Donor and Family Members of Deceased Donors



COMPETITOR'S DETAILS:

First Name: Last Name:
Date of Birth: / / (dd/mm/yyyy) Sex: M / F
Address:
Email: Mobile:
Emergency Contact Name: Tel No: ()

The following section should be completed by your Family Doctor:

It must be completed and signed within six (6) months of the commencement of the Games and returned to the WTG2017LOC Office before 16 April 2017

Please complete the following table:

Past Medical History (please list any relevant past medical conditions below)	Current Medications Please list any medication currently being taken by the competitor	Allergies Please list any know allergies

I, Dr Tel No: ()
Email
hereby certify that Mr / Mrs / Ms
Date of Birth: / / (dd/mm/yyyy)

who is a Living Donor who donated Kidney / Liver / Bone Marrow on / / (dd/mm/yyyy)
 who is a family member of a deceased donor
Relation with donor – Grandparent / Parent / Spouse / Partner / Sibling / Child / Grandchild
Organ/Tissue Donated: Organ + Tissue / Organ only / Tissue only

has indicated that he / she wishes to compete in the WTG2017.

I certify that he / she has no contraindications for participation in the following sporting activities/events:
(Please select the sports from those listed below)

5km Road Running Race 50m Freestyle swimming Long Jump
 100m Athletics sprint Ball Throw

Name:
Qualification:
Signature:
Date:

Stamp

Please note that a Cardiac Stress Test is strongly recommended for patients with history of coronary heart disease and those over 50-years of age and competing in heavy stress level events. Should you choose to complete this please see the form "Stress Test Form – Donor Athletes"

To be signed by the competitor:

I certify that I have consulted with my Doctor and am fit eligible to participate in the above mentioned sports events.

Name: Date:
Signature: