

Medical Form

(To be filled in only by transplant recipients, please return before 17th June, 2016)

Mr Mrs Miss

First name: _____ Family name: _____

Date of birth (dd/mm/yy): _____ Country _____

Address: _____

Town: _____ Postcode _____

Telephone: _____ Email: _____

Declaration to be signed by the consultant/specialist at the hospital where the patient has his medical follow up

Following a recent check-up and/or effort test, I hereby confirm that the above mentioned patient is fit to take part in sporting activities on the occasion of the 16th European Heart and Lung Transplant Championships to be held from 11th July to 16th July 2016 in Vantaa, Finland

I authorize the patient to take part in the following sports: (please cross out non-authorized sports)

Track and Field: 100m, 400m, 800m (F) or 1500 (M); long-jump, high-jump, ball throw, shot putt. Cross Country or walk: 4000m. Swimming: 50m, 100m. Cycling: 20 km. Badminton. Tennis. Table tennis. Golf. 10-pin bowling. Volleyball. Petanque.

I confirm that the information below is correct.

Date ____/____/____ Signature of consultant/specialist: _____

The patient has received a: Heart transplant Lung transplant Heart and Lung transplant

Date of transplant: ____/____/____ Transplantation hospital: _____

Telephone of hospital following patient: _____

Name and phone number of local GP/doctor: _____

Patient's serum creatinine: _____ µmol/l Sample date: ____/____/____

Has the transplant recipient suffered from any rejection, major disorders or other complications needing medical/hospital attention during the last 12 months? YES NO

If yes, please specify current status: _____

Ongoing Medication

Ciclosporine: _____ mg/day Mycophenolate (-mofetil): _____ mg/day

Azathioprine: _____ mg/day Tacrolimus: _____ mg/day

Corticoids: _____ mg/day Everolimus: _____ mg/day

Rapamycin: _____ mg/day other medication: _____

other medication: _____

other medication: _____

Signature of the Athlete - I hereby state that all the information I have given to the doctors and Vantaa 2016 LOC about my health and medical details are correct and up to date.

____/____/____
Date

Signature

