



THE MEDICAL FORMS FOR THE WINTER WORLD TRANSPLANT GAMES

GENERAL GUIDELINES

To gain permission to compete at the Winter World Transplant Games it is expected that your general level of health and fitness is stable as judged by your transplant doctor and in line with the different criteria for your particular transplant.

Depending on which organ you have been transplanted, your general condition is to be measured by the tests performed by your doctor. Your transplant doctor, sports doctor or cardiologist and yourself are personally responsible for maintaining your own training program, preferably in co-operation with a coach. Your training program should be adjusted to suit your individual choice of sport.

Low Level
Curling

High Level
Cross-Country events
Alpine and snowboarding events

What documents do I need to provide?

1. All transplant recipients regardless of the chosen sport must complete and forward to their Country Team Manager:
 - a. A signed and verified **Statement by Participant** (Form MF1) giving details of your regular training program.
 - b. A summary of your **Medical Records** (Form MF2) showing the most recent information signed by your transplant doctor.
 - c. **Statement by Physician (MF4) must be signed by your follow-up doctor**, confirming your general state of health, based on the usual check-ups and tests undertaken by him. This document must be completed less than 2 months before the Games.
2. B. In addition, if you are participating in a high level sport the Medical experts of WTGF and the LOC Medical Team strongly recommend that you undertake the following medical tests:
 - a. Physical stress test with ECG and blood pressure measurements dated no later than 4 months before the Games for heart, lung and heart/lung patients, and 6 months for all other transplants.
 - Get your Heart Specialist or sports doctor who has overseen the physical stress test to complete the **Physical Stress Test (MF3)** in its entirety, certifying that he/she sees no reason why you should not compete in the chosen sports and listing those sports specifically.
 - Enclose the results of your physical stress test.
 - For Lung Transplants, please provide a Respiratory Function test result.



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Notes for Transplant Doctors

The Medical Committee of WTGF and the LOC Medical Team would wish to draw your attention to the specific physical requirements of the World Games and to the absolute need to guarantee the safety of all transplant athletes. Therefore, in advance of the Games, we expect the **Physical Stress Test (MF3)** and **Statement by Physician (MF4)** to play a large part in our decision to allow an athlete to compete and it is for this reason that we rely on your co-operation in the correct completion of the medical documents. We take responsibility in liaison with the Local Organizing Committee for the medical cover for all sports venues during the Games and it is for this reason that the Medical Committee of WTGF and the LOC Medical Team insists on having sight of the updated medical dossier for each athlete.

Confidentiality and Security of personal Information

The Winter World Transplant Games will not disclose personal information to third parties. Personal information will not be used or disclosed for purposes other than those for which it was collected, except with the consent of the individual or as required by law. Personal information will be retained only as long as necessary for the fulfilment of those purposes.

Thank you.



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STATEMENT BY PARTICIPANT (MF1)

I _____ hereby certify that I take part in regular physical activity and sport as follows:

_____ Times per week for a minimum of _____ minutes per time.
(recommended minimum: 3 times/week, 20 minutes/time)

My current medication:

	Name	Frequency /24 hrs.	Dose
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

(Full Name)

(Signature)

(Date)



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MEDICAL RECORD (MF2)

This form must be completed by your Physician who is in charge of your transplant follow-up. The form must be completed and signed less than 2 months before the event and returned to the LOC Office one (1) month before the event.

Please Note: This information will be carefully inspected by the LOC medical team prior to the competitor's registration. If the information provided is incomplete or not in the acceptable limits the athlete will not be permitted to register

COMPETITOR'S DETAILS

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Email: _____

Next of Kin: _____ Ph No: _____

Date of Transplant: ____/____/____; Type: kidney; lung; heart; liver; bone marrow; pancreas

Competitor's Height: _____ cm Weight: _____ kg

Current Medications (all): *Please attach complete list including complementary medicines*

Allergies/Diet: _____

LABORATORY DATA

Creatinine (<300 µmol/L or 34 mg/L) <small>Higher acceptable if stable</small>		Alkaline Phosphatase	
Haemoglobin (>100g/L or 10mg/dl)		FK/Cyclosporine Level	
ALT		Hepatitis B	<input type="checkbox"/> pos <input type="checkbox"/> neg
AST		Hepatitis C	<input type="checkbox"/> pos <input type="checkbox"/> neg
Bilirubin		Blood Sugar	



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CARDIO-VASCULAR AND RESPIRATORY STATUS

History of High Blood Pressure			
Coronary artery disease: results of the most recent coronary angiogram or cardiac isotopic scan			
Baseline Blood Pressure (<150/90 mmHg)		Supine	Standing
Ejection fraction of left ventricle (FEV%)			
Rhythm abnormalities:			
Pulmonary function (if lung transplant or disease)		Vital Capacity / FEV ₁	

OTHER MEDICAL PROBLEMS eg diabetes mellitus

MEDICAL ADVISOR'S DETAILS

Name: _____ Signature: _____ Date: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____



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PHYSICAL STRESS TEST (MF3)

This form must be completed by your Physician who is in charge of your transplant follow-up. The physical stress test is strongly recommended and should be dated less than four (4) months before the start of the event for heart transplant and heart and lung transplant recipients and less than six (6) months in all recipients if participating in a high level sport.

I, Dr _____ Telephone: _____

Confirm that I have witnessed the physical stress test and blood pressure profile carried out on

Mr/Mrs/Ms _____ Dated: _____

With reference to the Physical Stress Tests, please document the following:

Date of the Test: ____/____/____ (enclose a copy of the test)

Maximum strength tolerated and duration: _____

Percentage of maximal theoretic frequency: _____

Reason for stopping test: _____

Result of ECG Normal
 Abnormal

Resting and maximal pulse: _____

Signed by _____ on the _____
(Name) (Date)



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STATEMENT BY PHYSICIAN (MF4)

This form must be completed by your Physician who is in charge of your transplant follow-up. The form must be completed and signed less than 2 months before the event and returned to the LOC Office one (1) month before the event.

I, Dr _____ Telephone _____ Email _____

Hereby certify the current state of health of Mr/Mrs/Ms _____

Date of Birth: ___/___/___ Organ Transplanted: _____ Date of Transplantation: ___/___/___.

- I do certify that he/she does not show any contraindications for participation in the following sporting activities (List precisely which sports):

_____,
_____,
_____,
_____,
_____,

and that he/she has not experienced a major rejection episode within the last month.

OR

- I confirm that he/she **is not** currently suitable in participating the Winter World Transplant Games.

Signed by _____ on the _____
(Name) (Date)