



STATEMENT AND CERTIFICATION BY THE PARTICIPANT FOR THE WORLD TRANSPLANT GAMES 2015 (MF2)

A: FITNESS

I _____ hereby certify that I take part in regular physical activity as follows:
_____ times per week for a minimum of _____ minutes per session.

(We recommend a minimum of 3 times per week for a period of 20 minutes per session)

I take part in the following sports for leisure/competitively. Please indicate stress level as outlined in MF1:

1.	2.
3.	4.

I intend to participate in the following sports in Argentina:

1.	2.
3.	4.
5.	

I AM TRAINING AT STRESS LEVEL: LOW MEDIUM HIGH (please circle)

B: MEDICATION

	NAME	FRECUENCY/24HS	DOSE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

I AM / AM NOT on Anticoagulants. (Please circle)

(Full Name) (Signature (Sex-M/F) (Date)

Email: _____

C: PARTICIPATION IN CLINICAL RESEARCH DURING GAMES

I am willing to be approached to participate in clinical research during the WTG in 2015. YES NO (please circle)

I agree that my data may be stored in a de-identified form and be used for future studies by the
WTGF authorised researchers YES NO (please circle)

(Full name) (Signature) (Date) WTGF2015/FM2