



## MEDICAL CERTIFICATE (MF3)

For all competitors and all sporting events

### Confidentiality and Security of personal Information

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. You may wish to provide information for research.

**This form should be completed by your transplant follow-up doctor. It must be completed and signed within six (6) months of the commencement of the Games and returned to the WTG2015 LOC Office by July 3rd, 2015**

I, Dr \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

hereby certify the current state of health of

Mr/Mrs/Ms \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Organ Transplanted: \_\_\_\_\_

Date of Transplantation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Living/Deceased Donor \_\_\_\_\_

The individual named above has indicated that he/she wishes to compete in the WTG2015. I certify that he/she does not show any contraindications (\*) for participation in the following sporting activities/events:

(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

(\* Delete as appropriate)

**Cardiac Stress Test: All results are to be completed by the follow-up cardiologist or doctor. Note that the stress test is strongly recommended and should be dated not earlier than six (6) months before the start of the event for all recipients and those over 40-years of age, participating in a medium and High Stress Level Event, and for those with a history of coronary artery disease. Coronary angiograms may be required if the stress test is abnormal.**

I, Dr \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

Confirm that I have witnessed the stress test and blood pressure profile carried out on Mr/Mrs/Ms \_\_\_\_\_ Dated: \_\_\_\_\_

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

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

*[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Text Box Tools tab to change the formatting of the pull quote text box.]*

Maximum strength tolerated and duration: \_\_\_\_\_

Percentage of maximal theoretic frequency: \_\_\_\_\_

Reason for stopping test: \_\_\_\_\_

ECG - rhythm abnormality Y/N

Resting pulse and maximal: \_\_\_\_\_

Signed by \_\_\_\_\_ on the \_\_\_\_\_

(Name) (Date)

NAME: \_\_\_\_\_

WTGF2015/MF3

Hospital Stamp          _____ (Signature)
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