



ADVICE FOR THE CERTIFYING TRANSPLANT DOCTOR

Dear Doctor

This letter is written on behalf of the authorities of the World Transplant Games Federation and the competing athlete of the World Transplant Games to be held in Durban in 2013.

In the interests of the safety of the transplant recipient who is planning to compete in the above Games, this letter is presented to provide guidance for you in your support and certification for your recipient athlete.

The Games Organizers and the athlete greatly appreciate your wisdom, advice and generosity in supporting the athlete and the Games. The benefits of these initiatives include promotion of organ donation, respect for organ donors, enhancement of health of recipients and positive feedback for the family, doctors and nurses involved in recipient care.

The certification documents provide instruction on categorizing athletes into three possible performance levels. Your athlete should be ranked as capable of low level, medium level or high level stress sports. If, it is your judgment that the athlete is fit to compete in his/her chosen sports, please certify with your appropriate professional stamp and signature on the document.

If the document is incomplete, the athlete will not be permitted to compete. In certifying

If the document is incomplete, the athlete will not be permitted to compete. In certifying that the athlete is fit for competition in the World Transplant Games, it will be necessary for you to confirm that the athlete is indeed a transplant recipient. The organizers also seek your confirmation of your status as a Transplant Doctor caring for transplant recipients. The requirements that you are fulfilling for the athlete will ensure that the athlete will remain well and safe. Your certification will also ensure that the Games will be conducted in the best spirit of competition and friendship, free of drug manipulation for a competitive advantage.

If you have any concerns about your athlete or these documents please do hesitate to contact the National Team Manager through your athlete or the World Transplant Games authorities at wtgf@wtgf.org

Thank you in anticipation

Daryl R Wall AM MBBS (HONS) FRACS

Chairman of Medical Committee of World Transplant Games Federation

Senior Liver and Kidney Specialist Surgeon

Chairman of Royal Australasian College of Surgeons Trauma Committee

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GUIDELINES FOR THE COMPLETION OF THE MEDICAL FORMS FOR THE WORLD TRANSPLANT GAMES 2013 (MF1)

January 2013

Before competing in the World Transplant Games it is expected that your general health and fitness are stable as judged by your **Transplant Follow-up Doctor** and conform to the criteria outlined in document MF4.

Your health is to be measured by the tests performed by your **follow-up doctor** and if necessary your **follow-up cardiologist** or a **sports doctor**. You are responsible for maintaining your own training program, preferably in conjunction with a Club membership and a sporting advisor/coach.

You should adapt your training program to match your sport. The 3 stress levels are shown below:

Low Level Stress	Medium Level Stress	High Level Stress
• Walking	• Table Tennis	• Track Athletes
• Golf	• Volleyball	• Badminton
• Petanque/Boule	• Field Athletes	• Cycling
• Bowling – 10 Pin		• Swimming
• Lawn Bowls		• Tennis
		• Road Race
		• Squash

Documents I need to provide:

A. All transplant recipients regardless of the chosen sport must complete and forward the following documents to their Team Manager:

- A signed and verified **Statement by the Participant** (Form MF2) giving details of your regular training program.
- Medical Certificate** (Form MF3) signed by your **Transplant Follow-up Doctor**, confirming your general state of health, based on the usual tests undertaken by him/her. This document must be dated no earlier than 4 months before the Games.
- A summary of your **Medical Records** (Form MF4) showing the most recent information signed by your **Transplant Follow-up Doctor**.

B. In addition, if you are participating in a medium or high level stress sport or are over 50 years of age, the Medical advisors of WTGF strongly recommend that you undertake the following medical tests:

- A Cardiac Stress Test/Stress ECG and blood pressure measurements dated no earlier than 4 months prior to the Games for heart, lung, heart/lung recipients. All other recipients and recipients over 50 years – dated not earlier than 6 months prior to the Games.
- Your **Cardiologist** who has overseen the stress test should be requested to complete the Medical Certificate (MF3) in its entirety, certifying that he/she agrees that it is safe for you to compete in your chosen sports and listing those sports specifically.
- Please enclose the results of your stress test which is provided by your **Cardiologist**.
- Lung Transplant recipients should provide Respiratory Function test results.

Notes for the Transplant Consultant responsible for the health of the recipient athlete

The Medical Committee of WTGF 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 stress test and Medical Certificate (MF3) to play a large part in our decision to allow an athlete to compete. We rely on your co-operation and generosity in providing the required complete medical documentation and signature. The WTG authorities, in liaison with the Local Organizing Committee Members are responsible for the medical cover of all sporting venues during the Games. Therefore, the Medical Committee Members of WTGF insist on having sight of the updated medical dossier for each athlete before the athlete can register for the games.

Thank you for your cooperation and understanding.



STATEMENT AND CERTIFICATION BY THE PARTICIPANT FOR THE WORLD TRANSPLANT GAMES 2013 (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 South Africa:

1.	2.
3.	4.
5.	

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

B: MEDICATION

	Name	Frequency/24 hrs.	Dose
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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

_____ (Full Name) _____ (Signature) _____ (Date)

Email: _____

C: PARTICIPATION IN CLINICAL RESEARCH DURING GAMES

I am willing to be approached to participate in clinical research during the WTG in 2013.

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)



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 four (4) months of the commencement of the Games and returned to the WTG2013 LOC Office by 10th May 2013.

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 WTG2013. 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 four (4) months before the start of the event for heart transplant and heart and lung transplant recipients participating in Medium & High Stress Level Events. Dated not earlier than six (6) months in the case of all other recipients and those over 50-years of age, participating in a High Stress Level Event. 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: _____

Result of ECG race (1) Without irregularity

With irregularity

Resting pulse and maximal: _____

Signed by _____ on the _____

(Name)

(Date)

Type/write here...

(Signature)

Stamp:

SURNAME GIVEN NAME: _____

WTGF2013/MF3



MEDICAL RECORD (MF4)

This information is requested from the **Physician** who is in charge of your transplant follow-up. The form must be completed and signed not earlier than four (4) months before the event and returned to the LOC Office by 10th May 2013.

Please Note:

This information will be carefully scrutinised prior to the competitor's registration. If the information provided is incomplete, the athlete will not be permitted to register.

COMPETITOR'S DETAILS

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Address: _____

_____ Email: _____

Emergency Contact Telephone number: _____ Mobile: _____

Next of Kin: Name: _____ Ph No: (____) _____

Date of Transplant: ____/____/____ Type: Kidney; Lung; Heart; Liver; Bone-marrow; Pancreas

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

Allergies/Diet		Competitor's Height	
		Competitor's Weight	

LABORATORY DATA

Creatinine (<300) *		Alkaline Phosphatase	
GFR (Glomerular Filtration Rate)** >40			
Haemoglobin (>10g/dl)		FK/Cyclosporine Level	
ALT		Hepatitis B	+ -
AST		Hepatitis C	+ -
Bilirubin		Blood Sugar	

* Higher acceptable if stable

** Lower acceptable if stable

CARDIO-VASCULAR AND RESPIRATORY STATUS

History of High Blood Pressure	YES	NO
Coronary artery disease: results of the most recent coronary angiogram or cardiac isotopic scan and date		
Baseline Blood Pressure (<150/90)	Lying	Standing
Ejection fraction of left ventricle (EFLV)		
Rhythm abnormalities:		
Pulmonary function (if lung disease)	Vital Capacity	

OTHER MEDICAL PROBLEMS e.g. Diabetes Mellitus

MEDICAL ADVISOR'S DETAILS

Name: _____ Signature: _____

Address: _____

Telephone: (____) _____ Fax: (____) _____

Email: _____ Date: _____