



October 2010

THE RECIPIENT / ATHLETE

Dear transplant recipient/athlete

The Organisers of the World Transplant Games wish to ensure that your participation in the World Transplant Games in Göteborg June 17-24, 2011 will be both safe and successful. An important step in ensuring these ambitions are met is the completion of the four page medical certification (MF1-4) which is necessary for your participation. We ask that you take your certification papers to your usual transplant doctor to seek his or her professional support and guidance by filling in the forms. It is recommended that you present the accompanying letter which is addressed to your doctor. The letter will explain the purpose of the certification.

Documents are to be completed with medical information less than 4 months and more than 2 months before the games, i.e. between February 15 and April 15. Since it can sometimes be difficult to schedule an appointment, you are urged to make the appointment as soon as possible for the period February 15-April 15.

These documents are important to you and your success. Therefore it is recommended that you photocopy the documents before passing them on to your doctor to enable you to replace the documents if they are lost. Documents are to be completed with medical information less than 4 months and more than 2 months before the games, i.e. between February 15 and April 15. On retrieving the documents it is important to ensure that the information is complete and correct.

Once retrieved it is recommended that you photocopy the signed documents again so that you retain a photocopy for yourself and the original documents should be forwarded to your Team Manager no later than April 15.

If you have any concerns about this documentation please contact your Manager. If the medical certification is incomplete you will not be able to register for the Games. Please be assured that all this preparation by your doctor and yourself will prove to be very beneficial.

Yours sincerely

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Hakan Gabel MD, PhD
Chief Medical Officer – WTG 2011
medical@wtg2011.com

Daryl Wall AM MBBS (Hons) FRACS
Chairman Medical Committee
World Transplant Games Federation



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CONSULTANT TRANSPLANT CLINICIAN FOR THE RECIPIENT ATHLETE

Dear Doctor

This letter is written on behalf of the Council of the World Transplant Games Federation and the Organising Committee of the World Transplant Games to be held in Göteborg, Sweden, June 17-24, 2011. The organisers and the transplant athlete wish to thank you for your consideration, time and judgement which are required to complete the athlete's medical certification. Your transplant recipient's progress and health is dependent upon your support for their involvement in sporting activities. The athlete's participation in the Games is dependent upon the details you provide in the medical certificate. Without the medical certificate the athlete is not permitted to compete.

The documents are to be completed less than 4 months and more than 2 months before the Games – i.e. between February 15 and April 15 2011 so your patient will be needing a special appointment with you during that time.

In addition, the athlete would not be permitted to compete if they are suffering rejection, renal failure, anaemia, immunosuppression instability, hypertension, cardiac arrhythmia or infection. The World Transplant Games Councillors, the Team Manager and the athlete treasure your support.

Thank you in anticipation.

Yours sincerely

Hakan Gabel MD, PhD
Chief Medical Officer – WTG 2011
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GUIDELINES FOR THE COMPLETION OF THE MEDICAL FORMS FOR THE WORLD TRANSPLANT GAMES

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

Your health is to be measured by the tests performed by your doctor: your transplant doctor and eventually by a sports doctor or cardiologist. You are responsible for maintaining your own training program, preferably in conjunction with a coach.

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

Low Level Stress (1)	Medium Level Stress (2)	High Level Stress (3)
<ul style="list-style-type: none">• Walking• Golf• Bowling – 5 Pin• Bowling – 10 Pin• Boule	<ul style="list-style-type: none">• Table Tennis• Volleyball	<ul style="list-style-type: none">• Athletics• Badminton• Cycling • Squash• Swimming• Tennis• Road Race

What documents do I need to provide?

- A. All transplant recipients regardless of the chosen sport must complete and forward to the Country Team Manager:
1. A signed and verified **Statement** (Form MF2) giving details of your regular training program.
 2. **Medical Certificate** (Form MF3) signed by your transplant doctor, confirming your general state of health, based on the usual tests undertaken by him. This document should contain information from your tests between Feb 15 and April 15.
 3. A summary of your **Medical Records** (Form MF4) showing the most recent information signed by your transplant doctor.
- B. In addition, if you are participating in a medium or high level stress sport the Medical advisors of WTGF strongly recommend that you undertake the following medical tests:
1. Stress test with ECG and blood pressure measurements dated no later than 4 months before the Games for heart, lung and heart/lung recipients, and 6 months for all other recipients.
 2. Your Heart Specialist or sports doctor who has overseen the stress test should be requested to complete the medical Certificate (MF3) in its entirety, certifying that he/she sees no reason why you should not compete in your chosen sports and listing those sports specifically.
 3. Please enclose the results of your stress test which is provided by your specialist.
 4. Lung Transplant recipients should provide Respiratory Function test results.

Notes for the recipient Transplant Consultant

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 WTGF in liaison with the Local Organizing Committee are responsible for the medical cover of all sporting venues during the Games. Therefore the Medical Committee of WTGF insists of 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.

STATEMENTS BY PARTICIPANT FOR THE WORLD TRANSPLANT GAMES (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 time.
(We recommend a minimum of 3 times per week for a period of 20 minutes per time)

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 Göteborg

1.	2.
3.	4.

I am training at Stress Level **1** **2** **3** (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)

e-mail address: _____

C: PARTICIPATION IN CLINICAL RESEARCH DURING GAMES

(Please refer to the letter of invitation to athletes).

I certify that I am willing to be approached by research clinicians with a view to participate in clinical research during the WTGF in 2011. ___ Yes ___ No

_____ (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 the Physician who is in charge of your transplant follow-up. It must be completed and signed within four (4) months of the commencement of the Games and returned to the LOC Office two months (2) before the games i.e between February 15 and April 15.

I, Dr _____ Telephone _____ Email _____

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

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

Date of Transplant: ___/___/___ Living/Deceased Donor _____

The individual named above has indicated he or she wishes to compete in the 2011 World Transplant Games. Please review each of the competitions to be staged at the Games and **mark statement A, B or C** below.

- A. NO RESTRICTIONS.** I have reviewed the proposed events for the 2011 Games and approve the above named individual's participation in any combination of events.
- B. SOME RESTRICTIONS.** I have reviewed the proposed events for the 2011 Games and do not approve his/her participation in the following events: _____
- C. COMPLETELY RESTRICTED.** I have reviewed the proposed events for the 2011 Games and do not approve his/her participation in any of the competitions listed.

Cardiac Stress Test: Results to be completed by your Cardiologist or by the Physician who is in charge of your transplant follow-up. Note that the 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 partaking in a high stress sports. 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)

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)

_____ (Signature)
Stamp:

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 no earlier than four (4) months before the event and returned to the LOC Office two (2) months before the event , i.e before April 15

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: _____

Emergency Contact Telephone number: _____; Mobile: _____

Email: _____ 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	
Haemoglobin (>10hm/dl)		FK/Cyclosporine Level	
ALT		Hepatitis B	+ -
AST		Hepatitis C	+ -
Bilirubin		Blood Sugar	

* Higher 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 eg diabetes mellitus

MEDICAL ADVISOR'S DETAILS

Name: _____ Signature: _____ Date: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____