

MEDICAL CERTIFICATE

TRANSPLANT RECIPIENT ATHLETES

Medical forms must be completed within 6 weeks of the Games and submitted no later than **June 22, 2024** to the Games Medical Director at: **forms@txworks.ca**

Before competing/participating in the Games it is expected that your general health and fitness are stable, and your healthcare provider supports your participation. **You are responsible for discussing your plan to participate in the Games and any possible adverse effects with your healthcare provider prior to participating.**

You are responsible for training to participate in the Games and it is recommended that you do so with a sporting advisor/coach and in keeping with an advice provided by your healthcare provider. You should adapt your training program to match your chosen sports. The 3 stress levels for sports are as follows:

LOW STRESS	MEDIUM/MODERATE STRESS	HIGH STRESS
Bowling/Lawn Bowling	Pickleball	Swimming
Golf	Tennis/Table Tennis	Cycling
Petanque	Badminton	Running

ATHLETE INFORMATION:

NAME: Last _____ First _____

ADDRESS: _____
Apt/House # Street City/Prov. Postal Code

TELEPHONE: Home _____ Cell _____

EMAIL: _____

DATE OF BIRTH: (DD/MM/YYYY) _____ Male Female Non-Binary

EMERGENCY CONTACT:

NAME: Last _____ First _____

TELEPHONE: Home _____ Cell _____

RELATIONSHIP TO ATHLETE: _____

MEDICAL INFORMATION:

Type of Transplant: Kidney Pancreas Heart Lung Small Bowel Stem Cells Other: _____

Date of Transplant: (DD/MM/YYYY) _____ Transplant Center: _____

Primary Contact at Transplant Center/Transplant Team: (name) _____ (phone) _____

Primary Physician (if different from above): (name) _____ (phone) _____

Athletes are required to discuss their plans to participate in the Games and any possible adverse effects of participation with the care provider best placed to assess the athlete's fitness to participate taking into consideration their transplant history (ex. family physician or post-transplant physician) and current health status.

Name of healthcare provider consulted with: _____

Date of Consultation to discuss participation in the Games: _____

I confirm that my physician and/or healthcare provider carried out an examination at the date of the consultation provided above and agreed that I am fit to compete in my selected events. [Mandatory field]

Are you pregnant? Yes No Do you have epilepsy? Yes No

Are you on anticoagulants? Yes No Do you have asthma? Yes No

Do you have Diabetes? Yes No

Do you have allergies? Yes No If yes, please list: _____

Do you experience anaphylaxis from any of your allergies? Yes No

If yes, from what? _____

**If you experience anaphylaxis and have been prescribed an epi pen, please ensure you carry it with you throughout the Games.*

Do you have any visual or physical impairments that require additional assistance from CTA? Yes No

If yes, please tell us what additional assistance you require: _____

Are there any other medical conditions, or personal medical details you think the CTA should be aware of? Yes No

A cardiac stress test is recommended for athletes with symptoms or history of coronary heart disease, heart transplant recipients and those over 40 years of age who are competing in medium or heavy stress level events. All cardiac stress tests should be performed no earlier than 6 months before the start of the Games (3 August 2024). Athletes are STRONGLY encouraged to discuss with their healthcare provider whether a stress test and/or angiogram should be performed prior to competing.

**Please note: athletes who have decided against having a stress test prior to competing, whether in consultation with their healthcare provider or independently, are required to acknowledge on the Waiver and General Release of Liability Form that they understand and accept the risk of not performing the stress test, as recommended.*

DATA COLLECTION:

I agree that my data will be collected and stored in the secure CTA SharePoint site for access and use by the Canadian Transplant Association/Canadian Transplant Games 2024 medical team for the sole purpose of providing first aid and/or assisting emergency care providers, if required, for the duration of the Games and will be destroyed thereafter. Yes No

ATHLETE'S DECLARATION: I _____ (name) declare that the information provided above is true and accurate to the best of my knowledge and that I am physically fit to participate in the Games.

Signature: _____

Date: _____