

Medical Certification/Participation Form (DF1)

For Living Donors and Donor Families

To be returned to the Vancouver LOC by **May 15, 2018**.

All medical forms should be scanned and saved as a PDF.

Please email to medforms@txworks.ca or print and mail to:

CTA Games 2018, c/o 151 East Osborne Road, North Vancouver, BC, V7N1L8



PART A: COMPETITOR'S DETAILS

First Name: _____ Last Name: _____
Date of Birth: ____ / ____ / ____ (dd/mm/yyyy) Sex: M / F
Address: _____
Email: _____ Mobile: _____
Emergency Contact Name: _____ Tel No: _____

PART B: The following section should be completed by your Family Doctor

It must be completed and signed within six months of the commencement of the Games.

Past Medical History <i>Please detail relevant medical conditions.</i>	Current Medications <i>Please list current medications</i>	Allergies <i>Please list any known allergies.</i>

I, Dr. _____ Telephone: (_____)

Email: _____

hereby certify that Mr/Mrs/Ms _____

Date of Birth: ____ / ____ / ____

who is a Living Donor of kidney / liver / bone marrow on ____/____/____ (dd/mm/yyyy)

who is a family member of a deceased donor: relation with donor – Grandparent / Parent / Spouse / Sibling / Child / Grandchild

Organ/Tissue Donated: Organ + Tissue / Organ only / Tissue only

has indicated that he/she wishes to compete in the CTG 2018.

I certify that he/she has no contraindications for participation in the following sporting activities/events:

(Please select the sports from those listed below, choose a maximum of five events.)

5km Road Running Race

5km Racewalk (Men only)

100m Athletics sprint

Long Jump

50m Freestyle swimming

5km cycling

Ball Throw

20km cycling

3km Racewalk (Women only)

Name: _____

Qualification: _____

Signature: _____

Date: _____

Stamp

Please note that a Cardiac Stress Test is strongly recommended for patients with history of coronary heart disease and those over 50-years of age and competing in heavy stress level events. Should you choose to complete this please see the form "Stress Test Form – Donor Athletes"

PART C: TO BE SIGNED BY COMPETITOR

I certify that I have consulted with my Doctor and am fit and eligible to participate in the above mentioned sports events.

Name Signature Date