

Cardiac Stress Test (DF2)

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: _____ **Family Name:** _____ **Team:** _____

PART B: (to be completed by a cardiologist)

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. All Cardiac Stress Tests should be done not earlier than six months before the start of the Games. Coronary angiograms may be required if the stress test is abnormal.

I, Dr. _____ Telephone: (_____) _____

Email: _____

_____ have witnessed the stress test and blood pressure profile carried out on _____

Mr/Mrs/Ms _____ Dated: _____

Here are the results: (enclose a copy of the test)

Maximum strength tolerated and duration: _____

Percentage of maximal theoretic frequency: _____

Reason for stopping test: _____

ECG - rhythm abnormality Y / N _____ Resting pulse and maximal: _____

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

- 5km Road Running Race
- 5km Cycling
- 20km Cycling
- 100m Athletics sprint
- 50m Freestyle swimming

- 3km Racewalk (Women only)
- 5km Racewalk (Men only)
- Ball Throw
- Long Jump

Name: _____

Qualification: _____

Signature: _____

Date: _____

Stamp

PART C: (to be completed by athlete who does not complete stress test as requested)

I understand and accept the risk of not performing the stress test as suggested.

Name: _____

Signature: _____

Date: _____