

# Medical Certificate (MF3)

For Transplant Athletes

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](mailto:medforms@txworks.ca) or print and mail to:

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



## PART A: (to be completed by Transplant follow-up doctor)

It must be completed and signed within six (6) months of the commencement of the Games.

I, Dr. \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

hereby certify that Mr/Mrs/Ms \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Organ Transplanted: \_\_\_\_\_

Transplant Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ has indicated he/she wishes to compete in the CTG 2018.

I certify that he/she has not had any major rejection episode within the last month and he/she has no contraindications for participation in these sporting activities/events:

_____	_____	_____
_____	_____	_____

**(Please note that the sports not listed here are assumed not suitable for this athlete.)**

Name: \_\_\_\_\_

Qualification: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Stamp

## Part B: (to be completed by Cardiologist)

Please note that Cardiac Stress Test is strongly recommended for heart and lung transplant patients with history of coronary heart disease and those over 40 years of age who are competing in medium or heavy stress level events. All Cardiac Stress Tests should be done not earlier than six (6) months before the start of the Games. Coronary angiograms may be required if the stress test is abnormal.

I, Dr. \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

I have witnessed the stress test and blood pressure profile carried out on: (include copy of test)

Mr/Mrs/Ms \_\_\_\_\_ Dated: \_\_\_\_\_

Maximum strength tolerated/duration: \_\_\_\_\_ 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 these sporting activities/events:

_____	_____	_____
_____	_____	_____

**(Please note that the sports not listed here are assumed not suitable for this athlete.)**

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: \_\_\_\_\_