

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 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: _____

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