

13th EUROPEAN HEART AND LUNG TRANSPLANT GAMES



30 June -
4 July



VÄXJÖ
SWEDEN



Medical Form

(To be filled in only by **transplant recipients**, please use BLOCK CAPITALS)

Please return before 16th June, 2010

Mr

Mrs

Miss

NAME	First Name
Place and date of birth	
Address (Street, town, postcode)	
(Country) Nationality	Email
Tel.	Fax

Declaration to be signed by the cardiologist at the hospital where the patient has his medical follow up

Following a recent check-up and/or effort test, I hereby confirm that the above mentioned patient is fit to take part in sporting activities on the occasion of the 13th European Heart and Lung Transplant Games to be held from 30th June to 4th July 2010.

I authorise the patient to take part in the following sports : **(Please cross out non-authorized sports)**

Track and Field: 100m; 400m; 800m F or 1500m M; long-jump; high-jump; ball throw; shot putt.

Cross-country or walk; 4000m. **Swimming:** 50m, 100m. **Cycling:** 20 km. **Badminton. Tennis. Table tennis.**

Golf. Volley ball. Pétanque (French bowls).

I confirm that the below information is correct.

Place / date Signature of cardiologist / official stamp

Close with a staple

Confidential patient information for the Medical Officer for the Games

Close with a staple

The patient have received a : Heart transplant Lung transplant Heart and lung transplant

Year and date of Transplant:

Name of Transplant hospital :

Telephone of hospital following patient :

Name and phone number of your local GP / doctor :

Ongoing Medication :

Ciclosporin : mg/day Others :

Azathioprine : mg/day

Corticoids : mg/day

Does this patient suffer from any other major disorders that the Medical Officer for the games should be aware of ?

If so, please specify

Any further observations :
