

**18th EUROPEAN HEART AND LUNG TRANSPLANT CHAMPIONSHIP**  
**8th-12th JUNE 2020 VITORIA-GASTEIZ, SPAIN**

**MEDICAL FORM**

(To be filled in by transplant recipients, please return before 25<sup>th</sup> May 2020)

Mr.                       Mrs.                       Miss.

Family Name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Country \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

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

**Declaration to be signed by the consultant/specialist at the hospital where the patient has his medical follow up.**

Following a recent checkup 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 18th European Heart and Lung Transplant Championship to be held from the 8<sup>th</sup> to the 12<sup>th</sup> June 2020 in Vitoria-Gasteiz (Spain).

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

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

**Cross Country or walk:** 4000m. **Swimming:** 50m, 100m. **Cycling:** 20km. **Badminton.**

**Tennis. Table Tennis. Golf. Bowling. Volleyball. Petanque. Walking Football.**

I confirm that the information below is correct.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of consultant/specialist: \_\_\_\_\_

The patient has received a:

Heart Transplant                       Lung Transplant                       Heart-Lung-Transplant

Date of transplant: \_\_\_\_/\_\_\_\_/\_\_\_\_ Transplantation hospital: \_\_\_\_\_

Telephone of hospital following patient: \_\_\_\_\_

Name and phone number of local GP/doctor: \_\_\_\_\_

Patient's serum creatine: \_\_\_\_\_ Sample date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Has the transplant recipient suffered from any rejection, major disorders or other complications needing medical/ hospital attention during the last 12 month?

yes

no

If yes, please specify current status: \_\_\_\_\_

\_\_\_\_\_

Ongoing Medication:

\_\_\_\_\_ mg/day

\_\_\_\_\_ mg/day

\_\_\_\_\_ mg/day

\_\_\_\_\_ mg/day

\_\_\_\_\_ mg/day

\_\_\_\_\_ mg/day

\_\_\_\_\_ mg/day

\_\_\_\_\_ mg/day

other medication \_\_\_\_\_

other medication \_\_\_\_\_

other medication \_\_\_\_\_

**Signature of the Athlete**

I hereby state that all the information I have given to the doctors and Vitoria-Gasteiz 2020 LOC about my health and medical details are correct and up to date.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date

\_\_\_\_\_

Signatur