

**Westfield Health British Transplant Games, North Lanarkshire 2017
Medical Certificate**

To be completed within three months of the deadline (13th May 2017)

Guidance notes for competitors and transplant medical staff completing this form:

Competitors

1. Ensure the medical certificate is fully completed, listing all medications and dosages.
2. Ensure you have been in training in the events listed.
3. The form must be signed by yourself (or your guardian if you are under 18 years).
4. **Ensure your transplant consultant is aware of your participation in the event and that he / she knows which events you are taking part in.**
5. Medical certificates should be completed and signed by a consultant or specialist registrar. **Please give them these notes with your medical certificate.**
6. If you wish for your medical information to remain confidential, the certificate may be placed in a sealed envelope before handing to your team manager.

Results should be within three months (13th February – 13th May 2017) of the deadline

Post Transplant Specialist: Consultant or a Specialist Registrar

Thank you for taking the time to complete this medical certificate for the Transplant Sports Event. It is of vital importance that competitors are fit to take part in the events they list in order not to put themselves or indeed others, at any unnecessary risks.

Please ensure you are satisfied that the competitor's medical condition and transplant organ function permits him / her to take part safely in the events listed.

Events have been graded into 3 levels to reflect the intensity of activity.

Low walking, golf, 10 bowling, lawn bowling, darts, snooker, archery and fishing.

Medium: table tennis, volleyball, basketball

High: athletics, badminton, cycling, rowing, squash, swimming, tennis, football and mini-marathon.

Results should be within three months (13th February – 13th May 2017) of the deadline.

Please note that the figures below are for guidance only. It is most important that you consider the participant's general condition and his / her co-morbidities particularly cardiovascular disease, as well the activity level of the event when determining their suitability to participate in their chosen events.

All Transplants

Hb >10gm/dl

eGFR ≥20ml/min for low /medium stress sports and ≥30ml/min for high stress sports (adults and children) consider events carefully ; cannot compete if eGFR <10ml/min

Serum creatinine <200umol/l (children)

BP <160/90 (adults) <97th centile (children)

Liver Transplants

LFTs <20% above labs normal values

Heart Transplants

Good graft function as demonstrated by Echocardiography, angiography/MRI, or stress ECG (**within the last year**)

Lung Transplants

Good graft function as demonstrated by lung function studies (**within the last year**)

Haemopoetic Cell Transplants

WBC >3x10⁹/L Neutrophils >1.5x10⁹/L platelets >80x10⁹/L

Finally please comment on competitors graft function and his or her suitability and fitness to compete in the listed sports.

If you have any concerns or queries about your patients, please contact one of our medical advisors, through Jo Brown in the Transplant Sport office – 0115 8370878 or office@transplantsport.org.uk

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Medical CertificateTo be completed within three months of and submitted NO LATER than 13th May 2017

Name:	Telephone No:
Transplant unit:	DOB:
Date of Transplant:	
Type of Transplant:	
I give my consent to my Transplant Sport Team Manager seeing my completed medical form Yes/No	

I declare I have been in training for at least 3 months for the following events		
1.	2.	3.
4.	5.	

ALL PARTICIPANTS

Date of Results –

eGFR (excluding dialysis patients)	Creatinine: (excluding dialysis patients)	Hb:	BP:
Musculo skeletal disorder: Yes / No		Diabetes: Yes / No	
Vision: Normal / Impaired / Blind		Weight:	
Any special requirements e.g. physical disabilities or special needs			
MEDICATION:			
ALLERGIES:			

LIVER TRANSPLANTS

Bilirubin:	Alk Phos:	ALT:	AST:
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HEART & LUNG TRANSPLANTS

Cardioangiography/MRI:
Echocardiography:
Exercise ECG:
Lung Function Tests:

HAEMOPOETIC CELL TRANSPLANTS

WBC:	Neutrophils:	Platelets:
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DIALYSIS PATIENTS

Type of dialysis:
If on haemodialysis, which days do you dialyse on?

MEDICAL ADVISORS COMMENTS: (Please comment on graft function & suitability to compete)

If pre dialysis or on dialysis please confirm that the participant is stable with good blood pressure, fluid and biochemical control?

Signature: **Date:**

Name: **Status:**

Email: **Mobile:**

Hospital stamp:

PARTICIPANT SIGNATURE

Signature:	Date:
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PARENTAL SIGNATURE IF UNDER THE AGE OF 18 YEARS OLD

Signature:	Date:
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