

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

(to be filled in only by transplant recipients, please return before 25th 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 check up and/ or effort test, I hereby confirm that the above mentioned patient is fit to take part in sporting activities on the 18th European Heart and Lung Transplant Championship to be held from 8th June to 12th June 2020 in Vitoria-Gasteiz (Spain).

I authorize the patient to take part in the following sports: (please cross non-authorized sports)

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

Cross 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 and 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 months?

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

Signature