

ETSC 2024 LISBON MEDICAL FORM

Before competing in the ETSC2024 it is expected that your general health and fitness are stable as judged by your transplant follow-up doctor. Your health is to be measured by the tests performed by your follow-up doctor and, if necessary, your follow-up cardiologist or sports doctor. You are responsible for maintaining your own training program, preferably in conjunction with a sporting advisor/coach.

FIRST NAME: _____

LAST NAME: _____

PHONE NUMBER: _____

DATE AND TYPE OF TRANSPLANT OR DIALYSIS: _____

TRANSPLANT OR DIALYSIS UNIT: _____

CONSULTANT: _____

PHONE NUMBER: _____

ALL TYPES OF ORGAN TRANSPLANTS

DATE OF RESULTS: _____

GLOMERULAR FILTRATION RATE (GFR) (excluding dialysis patients): _____

CREATININE (excluding dialysis patients): _____

HEAMOGLOBIN : _____ BLOOD PRESSURE: _____

MUSCULO-SKELETAL DISORDER: _____

DIABETES: _____

INSULIN: _____

EPILEPSY: _____

ASTHMA: _____

CARDIAC HISTORY: _____

VISION: _____

SPECIAL REQUIREMENTS: _____

LIVER PATIENTS ONLY

BILIRUBIN: _____

ALT: _____

ALK PHOS: _____

AST: _____



EUROPEAN TRANSPLANT
SPORTS CHAMPIONSHIPS
Lisboa 2024

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BONE MARROW PATIENTS ONLY

WBC: _____

PLATELETS: _____

NEUTROPHILS: _____

PANCREAS PATIENTS ONLY

GLUCOSE LEVEL: _____

MEDICATION

TACROLIMUS DOSE: _____

CICLOSPORIN DOSE: _____

MYCOPHENOLATE / MYCOPHENOLIC ACID DOSE: _____

AZATHIOPRINE DOSE: _____

PREDNISOLONE DOSE: _____

CERTICAN / EVEROLIMUS DOSE: _____

ANTICOAGULATION THERAPY: _____ DOSE: _____

Other medication

_____ DOSE: _____

_____ DOSE: _____

_____ DOSE: _____

ALLERGIES (medication, food, etc.)

TRAVEL INSURANCE

INSURANCE COMPANY AND INTERNATIONAL PHONE NUMBER: _____

CONFIRMATION

I confirm that my medical doctor has agreed I am fit to compete in my selected events, and provided me with all the medical information required in this document.

ATHLETE OR PARENT (for persons under 18 years of age)

I CONFIRM THAT THE INFORMATION IN THIS FORM IS CORRECT

Date and signature

ALL ATHLETES MUST HAVE THEIR OWN TRAVEL INSURANCE
AND MUST CARRY VALID EHIC OR GHIC CARD WITH THEM!



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