MEDICAL FORM BELGIAN TRANSPLANTOUX GAMES

KEEP THIS MEDICAL INFORMATION FORM WITH YOU AT ALL TIMES DURING BTG 2024 LEUVEN

Before competing in the BTG2024 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: _____
GLOMERURAL 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: _____ ☐ ALK PHOS: _____
☐ ALT: _____ ☐ AST: _____

BONE MARROW PATIENTS ONLY

☐ WBC: _____ ☐ NEUTROPHILS: _____
☐ PLATELETS: _____

PANCREAS PATIENTS ONLY

☐ GLUCOSE LEVEL: _____

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Moving forward together

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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.)

_____
_____

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

FOREIGN ATHLETES

ALL ATHLETES MUST HAVE THEIR OWN TRAVEL INSURANCE
TRAVEL INSURANCE INSURANCE COMPANY AND INTERNATIONAL PHONE NUMBER:
_____

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