



## Application for Swimming S16 and Athletics TF60 Competition

### Competitor's Details:

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suburb: \_\_\_\_\_  
 State: \_\_\_\_\_ Post Code: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Competition:

Swimming S16          Athletics TF60

### Transplant Type:

If Other please specify \_\_\_\_\_ Date of Transplant: \_\_\_\_\_  
 Transplant Unit: \_\_\_\_\_ Name of physician: \_\_\_\_\_  
 Competitor's Height (Cm): \_\_\_\_\_ Weight (Kg): \_\_\_\_\_  
 Creatinine (.300u/Mol/L): \_\_\_\_\_ Hb (>10hm.dl): \_\_\_\_\_ BP(<150/90): \_\_\_\_\_ Hbs Ag: \_  
 Musculo-skeletal Disorders: \_\_\_\_\_  
 LFT's, Enzymes, Bilirubin not more that 10% above normal levels: \_\_\_\_\_  
 Angiography (no significant coronary artery narrowing): \_\_\_\_\_  
 Diabetes: No  Yes: \_\_\_\_\_ Insulin dependent  Tablet controlled  Diet controlled   
 Allergies: No  Yes:  If yes, please list: \_\_\_\_\_

This certificate must be filled in by your Transplant Specialist and returned to:

Transplant Australia  
 Suite 304/354 Eastern Valley Way,  
 Chatswood East  
 NSW 2067

**List of current Medications (including dose - please use the back of this page if you need more room):**

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**Transplant Specialist Comments;**

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**Transplant Specialist Details:**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

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

**I certify that the above named athlete is fit to compete in their chosen sports.**

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Please affix Practice/Dr Name stamp in this square.