



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):

Transplant Specialist Comments;

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.