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.

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: INSULIN: EPILEPSY: ASTHMA: CARDIAC HISTORY: VISION: SPECIAL REQUIREMENTS: LIVER PATIENTS ONLY	FIRST NAME:		-
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□ BILIRUBIN: □ ALT:			00
	LIVER PATIENTS ONLY		EHLTF EUROPEAN HEART AND LUN TRANSPLANT FEDERATIO
□ ALK PHOS: □ AST:	☐ BILIRUBIN:	ALT:	00
	ALK PHOS:		

ETSC 2024 LISBON MEDICAL FORM

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 co and provided me with all the medical information required		ETDSF taspen besclerated high Soura Industria
ATHLETE OR PARENT (for persons under 18 years of	f age)	88
☐ I CONFIRM THAT THE INFORMATION IN THIS F	ORM IS CORRECT	EUROPEAN HEART AND LUNC TIMASSILANT FEDERATION
Date and signature		
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ALL ATHLETES MUST HAVE THEIR OWN TRAVEL INSURANCE AND MUST CARRY VALID EHIC OR GHIC CARD WITH THEM!