



**GUIDELINES FOR THE COMPLETION OF THE MEDICAL FORMS FOR THE
NATIONAL TRANSPLANT GAMES: 7-10 JULY 2022**

Before competing at the National Transplant Games, it is expected that your general level of health and fitness is stable as judged by your transplant doctor and in line with the different criteria for your particular transplant.

Your general condition is to be evaluated by your transplant doctor. You are personally responsible for maintaining your own training program, preferably in conjunction with a coach.

What documents do you need to provide?

All transplant recipients regardless of the chosen sport, must complete and forward to the Executive Secretary by latest **30 MAY 2022**:

1. A signed and verified **Statement (Form MF 5.1)** giving details of your regular training program – **athlete needs to sign**.
2. **Medical Certificate (Form MF 5.2)** signed by your **follow-up doctor**, confirming your general state of health, based on the usual check-ups and tests undertaken by him.

Notes for Transplant Doctors:

The Organising Committee would wish to draw your attention to the specific physical requirements of the Games and to the absolute need to guarantee the safety of all transplant athletes. Therefore, in advance of the Games, we expect the Medical Certificate (MF5.2) to play a large part in our decision to allow an athlete to compete and it is for this reason that we rely on your co-operation in the correct completion of the medical documents.

Thank you for your cooperation and understanding.

Attached: Medical Form - MF 5.1 – to be completed by athlete
Medical Form – MF 5.2 – to be completed by doctor

JAN MARAIS
Executive Secretary

Cell: 082 874 2277
Email: admin@transplantsports.org.za

20 FEBRUARY 2022

FORM MF 5.1

**SATSA NATIONAL TRANSPLANT GAMES 2022
STATEMENT BY PARTICIPANT**

I (Name & Surname) _____ hereby certify that I take part in regular physical activity and sport as follows:

_____ Times per week for a minimum of _____ minutes per time.
(We recommend a minimum of three times per week for a period of 20 minutes per time)

I take part in the following **sports for leisure**:

1. _____ 2. _____
3. _____ 4. _____

I take part in the following **sports competitively**

1. _____ 2. _____
3. _____ 4. _____

Name of Sports Club/s of which you are a member: _____

My current medication: (Name, Frequency /24 hrs. Dose):

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

ALLERGIES: (Specify): _____

CONTACT PERSON IN CASE OF AN EMERGENCY:

Name: _____ **TEL:** _____ **CELL:** _____

Athlete's Signature: _____ **Date:** _____

A parent or authorized guardian's signature, in addition to the participant's signature, is required for all participants under age 18:

Parent/Guardian: _____ Signature: _____
(Print surname / first name)

Home Tel: (____) _____ Cell: _____

DEADLINE 30 MAY 2022 Please complete and return this form to the Secretary:
Jan Marais - E-mail: admin@transplantsports.org.za

SATSA NATIONAL TRANSPLANT GAMES 2022

MEDICAL CERTIFICATE
(For all competitors and all sporting events)

Confidentiality and Security of personal Information

SATSA will not disclose personal information to third parties. Personal information will not be used or disclosed for purposes other than those for which it was collected. Personal information will be retained only as long as necessary for the fulfilment of those purposes.

The Doctor who is in charge of your transplant follow-up should complete this form.

I, Dr _____ hereby certify the current state of health of

Mr/Mrs/Ms _____ Date of Birth: __/__/____

Organ Transplanted: _____ Date of Transplantation: __/__/____

I do certify that he/she does not show any contraindications for participation in the following sporting activities at the National Transplant Games on **7 - 10 July 2022**:

(List precisely which sports): _____
 _____:

and that he/she has not experienced a major rejection episode within the last month.

ANY OTHER COMMENTS:

MEDICAL ADVISOR'S DETAILS:	
Name: _____	Date: _____
Address: _____	
Telephone: (____) _____	Fax: (____) _____
E-mail: _____	
_____ Signature	

DEADLINE 30 MAY 2022 Please complete and return this form to the Secretary:
 Jan Marais - E-mail: admin@transplantsports.org.za