

Athlete Medical Waiver for Transplant Recipient & Living Donor Athletes

This form may not be completed prior to March 30, 2010.

In order to compete as an athlete in the National Kidney Foundation U.S. Transplant Games® (the "Games"), all conditions of entry must be met and you must be authorized by a physician to compete. As a reminder to recipients, your most recent transplant must be fully functioning, for at least nine (9) months. **This medical waiver must be completed by your physician in its entirety and submitted to your team manager by June 11, 2010.** A competitor is conditionally registered for the Games until his or her medical waiver has been received and accepted by the Games office. Print in blue or black ink.

Last Name: _____ First Name _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Country: _____ Postal Code/ Zip: _____

Recipient Athlete: Organ(s) Transplanted: _____ Date of (Last) Transplant: _____

Donor Type: Deceased Donor Living

Living Donor Athlete: Organ(s) Donated: _____ Date of Donation: _____

Bee Sting allergic: Yes No Other Allergies: _____

List all prescription and non-prescription medications and dosages (attach additional sheets, if necessary):

In case of emergency during the Games (July 30th-August 4th) contact:

Name: _____ Relationship: _____ Telephone: _____

Team Name: _____ Team Manager: _____

The section below is to be completed by competitor's physician:

2010 NKF U.S. Transplant Games Events: Badminton, Ballroom Dancing; 3-on-3 Basketball; Bowling—Individual and Doubles; Cycling—1K, 5K and 20K; Golf—Individual and Team; Racquetball; 5K Road Race*; Swimming—25 Free, 50 Free, 50 Fly, 50 Breast, 50 Back, 100 Free, 100 Fly, 100 Breast, 100 Back, 100 Individual Medley, 200 Free, 500 Free, 4X50 Relay, and 4X50 Medley Relay; Table Tennis; Tennis—Singles and Doubles; Track and Field—25m, 50m, 100m*, 200m, 400m, 800m 1500m Run, 1500m Racewalk, 4X100 Relay, 4X400 Relay, Long Jump*, High Jump, Softball Throw*, Shot Put and Discus; and Volleyball.

* *Living donors are eligible to compete against one another in this sport.*

The individual named above has indicated he or she wishes to compete in the 2010 National Kidney Foundation U.S. Transplant Games®. Please review each of the competitions to be staged at the Games and mark statement A, B or C below.

- A. NO RESTRICTIONS.** I have reviewed the proposed events for the 2010 Games and approve the above named individual's participation in any combination of events.
- B. SOME RESTRICTIONS.** I have reviewed the proposed events for the 2010 Games and do not approve his/her participation in the following events: _____
- C. COMPLETELY RESTRICTED.** I have reviewed the proposed events for the 2010 Games and do not approve his/her participation in any of the competitions listed.

Is this individual in good general health? Yes No Blood Pressure: ____/____ Diabetic: Yes No

Other health issues, special needs, comments: _____

I have reviewed the above information and certify that all information is true and complete to the best of my knowledge. I have also examined the competitor named above and have concluded that he/she is fit to compete in the 2010 NKF U.S. Transplant Games as indicated in statement [insert letter A, B or C] above:

SIGNATURE OF PHYSICIAN DATE DATE OF RECIPIENT'S LAST PHYSICAL: _____

NAME OF PHYSICIAN (Please Print Legibly) (____) (____) PHONE FAX EMAIL

INSTITUTION AND ADDRESS CITY STATE ZIP CODE

**PLEASE RETURN THE COMPLETED ATHLETE MEDICAL WAIVER TO YOUR TEAM MANAGER.
Remember to keep a copy for your records.**