

Medical Waiver

This form may not be completed prior to March 11, 2008.



This medical waiver must be completed by your physician in its entirety and submitted to your team manager by June 11, 2008. Although you are conditionally registered for the Games as an athlete, in order to be eligible to compete in the Games: 1) your last transplant must have been functioning for at least nine (9) months; 2) you must be authorized by a physician to compete; and 3) your medical waiver must be received and approved by the NKF U.S. Transplant Games. *Please print in blue or black ink.* **IMPORTANT: Remember to keep a copy for your records.**

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

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

Donor Type: Deceased Donor Living

Address: _____

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

Bee Sting allergic: Yes No Other Allergies: _____

In case of emergency during the Games (July 11th-16th) contact:

Name: _____ Relationship: _____ Telephone: _____

Team Name: _____ Team Manager: _____

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

I have registered for the following events: _____

2008 U.S. Transplant Games Competitions: Badminton, 3-on-3 Basketball; Bowling— Individual and Doubles; Cycling— 1K, 5K and 20K; Golf— Individual and Team; Racquetball; 5K Road Race; Swimming—25m Free, 50m Free, 50m Fly, 50m Breast, 50m Back, 100m Free, 100m Fly, 100m Breast, 100m Back, 100m Individual Medley, 200 Free, 400m Free, 4X50 Relay, and 4X50 Medley Relay; Table Tennis, Tennis—Singles and Doubles; Track and Field--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.

The section below is to be completed by athlete's physician: (Please Complete and Sign the Section Below)

The athlete named above has indicated he or she wishes to compete in the NKF 2008 U.S. Transplant Games and has listed the events for which he/she has registered above. Please review each of the competitions to be staged at the NKF 2008 U.S. Transplant Games and mark statement A, B or C below.

A. NO RESTRICTIONS. I have reviewed the proposed events for the NKF 2008 U.S. Transplant Games and approve the above named athlete's participation in any combination of events listed (up to 4 competition events, **plus** Team Golf, 3-on-3 Basketball, Volleyball and relays in Track and/or Swimming).

B. SOME RESTRICTIONS. I have reviewed the proposed events for the NKF 2008 U.S. Transplant Games and do not approve his/her participation in the following events: _____.

C. COMPLETELY RESTRICTED. I have reviewed the proposed events for the NKF 2008 U.S. Transplant Games and do not approve his/her participation in any of the events listed.

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

Other health issues, special needs, comments: _____

I certify that I have reviewed the above information, examined the above-named competitor and have concluded that he/she is fit to compete in the 2008 U.S. Transplant Games as indicated in statement ***(insert letter)*** above:

DATE OF RECIPIENT'S LAST PHYSICAL: _____

SIGNATURE OF PHYSICIAN _____ DATE _____

NAME OF PHYSICIAN (Please Print) _____ PHONE _____ PAGER _____ FAX _____

INSTITUTION AND ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR TEAM MANAGER.