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7th EUROPEAN TRANSPLANT AND DIALYSIS GAMES
18th – 25th August 2012, ZAGREB, CROATIA

MEDICAL DOSSIER (MD)

*Please return **completed** forms to your Team Managers by June 4th*
The following should be completed by the physician in charge

Competitor:

Name	Surname	Birthday

Country	Address	Tel. No.

Next of Kin:

Name	Surname	Contact number

Referring Hospital / Dialysis Centre

Name	

Address	Contact number

Medical Details (all competitors)

Date of results	Creatinine	Hb	BP

Virology details	Hep B	HepC	HIV

Musculo skeletal disorder (yes / no)	Diabetes (yes / no)	Insulin dependent (yes / no)

Vision details	Normal	Impaired	Blind

Warfarin (yes / no)	Last INR	Weight (kg)	Height (cm)

Allergies

Medication

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Transplant Recipient

Date of transplant

Type of transplant

Medical disease leading to transplant

Liver transplants

Bilirubin | Alk Phos | ALT | AST

Heart and lung transplants

Cardio-angiography

Echocardiography

Exercise ECG

Lung Function Tests

Haemopoetic cell transplants

WBC | Neutrophils | Platelets

Peritoneal dialysis

Underlying Kidney Disease

Current PD Prescription

Ultrafiltration difficulties (yes / no)

Description

Haemodialysis

Requested Dates for Dialysis

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐

Physician comments

Physician

Name | Surname | Phone number

e-mail | Date

Address

stamp

(signature physician)