



Associazione Nazionale Emodializzati

Dialisi e Trapianto-ONLUS

Medaglia d'Oro al Merito della Sanità Pubblica

MOD. MED./LIB.



XXVIII GIOCHI NAZIONALI TRAPIANTATI – XXV GIOCHI NAZIONALI DIALIZZATI

PINETO (TE) – June/1-3/2018

MEDICAL FORM (ATHLETES ONLY) AND RELEASE OF RESPONSIBILITY

Send via e-mail: info@aned-onlus.it - fax: +39 02.864439

First name/ Family name _____ Gender(M/F): ___ date of birth ___/___/___

NATION _____ CITY: _____ address _____ N. _____ postal code _____

Tel. _____ Mobile _____ E-mail _____

TRASPLANTED ☐

Kidney ☐ *Heart* ☐ *Lung* ☐ *Liver* ☐ *Pancreas* ☐ *Bone Marrow* ☐ *Cornea* ☐

Date of transplant _____ Transplant center of _____

DIALYSED * ☐

On dialysis since _____ i'm on haemodialysis ☐ peritoneal ☐ Dialysis Unit of _____

Blood Type _____ Blood pressure _____ Diabetes ☐ yes ☐ no

Glycemia _____ Creatinine _____

Therapy _____

Allergies _____

Medical problems to report _____

the patient has been visited today and is currently in a position to participate in the 2018 National Games

Doctor name and sign: _____ date _____

RELEASE OF RESPONSABILITY

I intend to take part in the "Transplanted and Dialysed National Games" which will take place in Pineto (Italy) from 1 to 3 June 2018 and hereby release ANED, ANED SPORT and all the organizers for any damage caused to me or caused by me as a result of my participation.

I accept that informations about me are given to journalists of print media, radio, TV and electronic media and I agree to release interviews or photographs on the aforementioned media and authorize ANED to their use and publication and use of my image, however useful to promote the event, knowledge of the problems of kidney disease and the culture of transplantation

DATE ____/____/____

SIGN (for minors a parent's sign is mandatory)