

**Medical form to be sent not later than Jan. 26/2019**

**GIOCHI INVERNALI TRAPIANTATI E DIALIZZATI**  
**X TROFEO FRANCA PELLINI – VI TROFEO ELIO CECCON**  
**Chiesa in Valmalenco – 27 gennaio/3 febbraio 2019**

<b>Surname</b>		<b>Name</b>
<b>Sex (M/F):</b>	<b>Date of birth</b>	<b>Place of birth</b>
<b>Live in:</b>		
<b>street</b>	<b>n.</b>	
<b>Tel.</b>	<b>Mobile Phone</b>	<b>E-mail</b>

<u><b>TRANSPLANTED ORGAN(S)</b></u>			
<b>KIDNEY</b> <input type="checkbox"/>	<b>HEART</b> <input type="checkbox"/>	<b>LUNG</b> <input type="checkbox"/>	<b>LIVER</b> <input type="checkbox"/>
<b>PANCREAS</b> <input type="checkbox"/>	<b>BONE MARROW</b> <input type="checkbox"/>		
<b>Deceased donor</b> <input type="checkbox"/> <b>living donor</b> <input type="checkbox"/> <b>relative</b> <input type="checkbox"/> <b>stranger</b> <input type="checkbox"/>			
<b>Date of transplant</b>		<b>transplant Centre of:</b>	
<b>highness(cm)</b>	<b>weight (kg)</b>	<b>blood group</b>	
<b>HB</b>	<b>Pression</b>	<b>Hbs Ag</b>	<b>Hcv</b>
<b>Diabetes</b>	<b>Creatinine</b>	<b>Bilirubin</b> (results of last exams)	
<b>Angiography</b>			
<b>Therapy</b>			
<b>Allergies:</b>			
<b>special diet:</b>			
<b>Medical problems:</b>			

<b>Doctor's name:</b> <b>Doctor's telephone:</b> <b>date</b> <b>Doctor's sign</b>	
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Hospital stamp

**Don't forget to bring a copy to Chiesa in Valmalenco.**