



LIFE'S SHORT LIVE IT LIVING DONOR GATHERING MEDICAL WAIVER

MUST be completed by the Living Donor's Physician

This form must be returned by June 4 to participate in the LIFE'S SHORT LIVE IT LIVING DONOR GATHERING.

Submissions may be returned no sooner than February 18.

Living Donor's Name _____

Date of Birth _____

Organ(s) Donated: _____

Date of Donation: _____

The individual named above has indicated he/she wishes to participate in the LIFE'S SHORT LIVE IT LIVING DONOR GATHERING in honor of Craig Hostert.

A. The living donor listed above and I have discussed their participation in the Life's Short Live It Living Donor Gathering for the most living donors in one place at one time EVER!

Date of Recipient's Last Physical: _____

Overall 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 a living donor who is eligible to participate in the LIFE'S SHORT LIVE IT LIVING DONOR GATHERING in honor of Craig Hostert.

Signature of Physician: _____ Print Name: _____

Signature Date: _____ Phone Number: _____

Return form to: TRANSPLANT GAMES OF AMERICA

c/o Transplant Life Foundation

1593 Galbraith Ave. SE, Suite 201

Grand Rapids, MI 49546

Attention: Medical Committee

Form(s) can be faxed to (616) 356-2522