



COMPETITOR PHYSICIAN'S MEDICAL WAIVER

Must be completed by the Competitor's Physician

Competitor Name _____

Date of Birth _____

Recipient: Organ(s) Transplanted: _____

Date of Last Transplant: _____

Living Donor: Organ(s) Donated: _____

Date of Donation: _____

Circle each competition the competitor registered to compete in before indicating their restriction status.

Low Level Stress (1): Cornhole, Darts, Lyrics for Life, Texas Hold'em Poker, Trivia Challenge, Walking (5k)

Medium Level Stress (2): Ballroom Dancing, Bowling, Golf, Pickleball, Table Tennis, Volleyball, Youth Olympiad

High Level Stress (3): Badminton, Basketball, Cycling, Running (5k), Swimming, Tennis, Track & Field, Community Murph

The individual named above has indicated he/she wishes to compete in the 2026 Transplant Games of America. Please review each of the competitions to be offered at the Games and mark statement A, B, or C below:

A. NO RESTRICTIONS I have reviewed the proposed events for the 2026 Games and approve the above named individual's participation in any combination of events.

B. SOME RESTRICTIONS I have reviewed the proposed events for the 2026 Games and do not approve his/her participation in the following events:

C. COMPLETELY RESTRICTED I have reviewed the proposed events for the 2026 Games and do not approve his/her participation in any of the competitions listed.

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 fit to compete in the 2026 Transplant Games of America as indicated in statement

(circle one) A B C

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