



# COMPETITOR PHYSICIAN'S MEDICAL WAIVER

**Must be completed by the Competitor's Physician**

Competitor Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Low Level Stress (1)**

Cornhole  
Outdoor Darts

**Medium Level Stress (2)**

Youth Olympiad  
Softball Toss  
Speed Walk

**High Level Stress (3)**

Track  
High Jump  
Long Jump

The individual named above has indicated he/she wishes to compete in the 2019 Arizona Transplant Games. Please review each of the competitions to be offered at the Games and mark statement 1, 2, or 3 below:

**A. NO RESTRICTIONS** I have reviewed the proposed events for the 2019 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 2019 Games and do not approve his/her participation in the following events:

\_\_\_\_\_

**C. COMPLETELY RESTRICTED** I have reviewed the proposed events for the 2019 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 2019 Arizona Transplant Games as indicated in statement (circle one) 1 2 3

Signature of Physician: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Return this form to: TRANSPLANT TEAM ARIZONA**  
PO Box 36122  
Phoenix, AZ 85067  
Form(s) can be emailed to [info@transplantteamaz.org](mailto:info@transplantteamaz.org)  
Or faxed to 602-631-9439