Camper Name:_____ Birthdate: _____

SOLID ORGAN TRANSPLANT FORM

TO BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER

This form, in addition to the Physical Exam form, must be completed bythe medical specialist for all applicants interested inparticipating in our solid organ transplant session.

Specialty MD_____ Day Phone_____ After Hours Phone _____

Address_____ Email _____

Hospital (where child is treated):_____ Nurse/Coordinator:_____

Type of transplant(s): ☐Heart ☐Kidney ☐Liver ☐Intestinal ☐Pancreas

Transplant Doctor(s)_____ Hospital_____

Coordinator_____ Phone number_____

Underlying diagnosis requiring organ transplant: _____

History of rejections? ☐No ☐*Yes* *If yes, date of last rejection:* _____ *Treated with:* _____

Other medical or surgical complications since transplant? (May attach clinicnotes) _____

_____

Other diagnoses List *Please check if child has/had:*

☐Hepatitis B ☐Hepatitis C ☐Autoimmune Hepatitis ☐HIV ☐Seizures ☐TB ☐Other_____

Complications List *Please check if child has/had:*

☐PTLD ☐Hyperlipidemia ☐CMV Disease ☐Acute Cellular Rejection ☐Chronic Rejection

☐Hypertension ☐Renal insufficiency ☐Enuresis ☐HAT/PVT/Biliary complications ☐At risk for bleeding

☐Splenomegaly >2 cm below LCM ☐Transplant < 1 year from attendance at camp?

Anticoagulants: ☐No ☐Yes If YES, type: ☐ASA ☐Coumadin ☐Other _____

Diabetes: ☐No ☐Yes If yes: **Insulin dependent?** ☐No ☐Yes Endocrinologist: _____

Please provide BP parameters: Call for BP greater than_____ OR Less than_____

Does this child require labs while at camp? ☐No ☐*Yes* *If yes, please list labs and date needed:*_____

_____

Additional Comments: _____

Please attach last transplant clinic note

Physician Name (Print)	Signature	Date
Completed by (Print Name)	**Signature**	**Date**

Upload to parent dashboard or fax form to 888-524-2477