



Australian Government

Department of Health

Supporting Living Organ Donors Program Work-up Testing Appointment Tracker

Donor Name:	
Program Reference Number:	

Date	Appointment/location	Hours	Paid leave taken?*	Out-of-pocket expenses incurred?*
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No

**If seeking reimbursement for leave and/or out-of-pocket expenses, appropriate evidence must be provided with your claim.*

Medical professional declaration

I declare that:

- the donor attended the appointments as listed above for the purpose of living organ donation; and
- the information provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Name:	
Position:	
Signature:	
Date:	

This tracker is for the purpose of claiming under the Supporting Living Organ Donors Program only (where you do not have a medical certificate). It should not be used for other purposes where a medical certificate is required e.g. as evidence for your employer.