

DECLARATION OF USE

For Salbutamol, Salmeterol and Glucocorticosteroids used by the inhaled route and by non systemic routes (namely intraarticular, periarticular, peritendinous, epidural, intradermal and inhalation routes)



Please complete all sections in capital letters or typing. Incomplete or illegible forms will be returned.

1. Athlete Information

Last Name:	First Name:
Female <input type="checkbox"/> Male <input type="checkbox"/> .	Date of Birth (dd/mm/yy):.....
Address:	
Post Code:	City: Country:
Tel.: E-mail:	
<i>(with international code)</i>	
Sport: Discipline:	
International Sport Organization: FINA	

2. Medical information

Diagnosis with appropriate medical information:

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Prohibited Substance (s): Generic Name	Dose	Route	Frequency

Intended duration of treatment: <i>(Please tick appropriate box)</i>	once only <input type="checkbox"/> emergency <input type="checkbox"/>
or duration (week/month):	

3. Medical practitioner's declaration

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medication not on the prohibited list would be unsatisfactory for this condition.

Name:

Medical specialty:

Address:.....

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Tel.: Fax.:

Email:

Signature of the Medical Practitioner: _____ **Date:** _____

4. Athlete's declaration

I, certify that the information under 1. is accurate I authorize the release of personal medical information to the relevant parties only i.e. to FINA as well as to WADA staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO under the provisions of the Code. I understand that if I ever wish to revoke the right of these organizations to obtain my health information on my behalf, I must notify my medical practitioner and FINA in writing of that fact.

I AM AWARE THAT AN APPLICATION FOR A TUE REQUIRES THE PROCESSING (FOR EXAMPLE TRANSMISSION, DISCLOSURE, USE AND STORAGE) OF ALL DATA PERTAINING TO SUCH APPLICATION THROUGH THE ANTIDOPING ADMINISTRATION AND MANAGEMENT SYSTEM (ADAMS) TO ENSURE HARMONIZED, COORDINATED AND EFFECTIVE ANTI-DOPING PROGRAMS FOR DETECTION, DETERRENCE AND PREVENTION OF DOPING. SIGNING THIS FORM WILL INDICATE THAT I HAVE BEEN SO INFORMED AND THAT I GIVE MY EXPRESS CONSENT TO SUCH PROCESSING OF DATA.

Athlete's signature:

Date:

Parent's/Guardian's signature:

Date:

(if the athlete is a minor or has a disability preventing him/her to sign this form, a parent or guardian shall sign together with, or on behalf of, the athlete)

NB: Please do not forget to declare the use of the substance in question on the doping control form at the time of any testing!