



FISA - International Rowing Federation
Maison du Sport International
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2009 Declaration of Beta-2 Agonist Use

Please complete all sections in capital letters (typing preferred)

Beta-2 agonists by inhalation

Only: Formoterol, Salbutamol, Salmeterol, Terbutaline.
No other beta-agonist on this form

1. Athlete Information

- I plan to compete in one of the following:
 - FISA Rowing World Cup Regatta
 - FISA senior World Rowing Championships

Last name: Given Names:

Female Male Date of Birth (d/m/y):

Address:

City: Country: Postcode:.....

Tel. home:Tel. work:

Mobile: (*with international code*)

Email:

Fax:

Sport: Discipline/Position:

National federation:

2. Medical information

Diagnosis:

Medical information (age when the condition occurred, detailed description of symptoms, different treatments administered...):

.....

.....

Pulmonary function tests performed **to confirm the diagnosis** of asthma and/or exercise-induced asthma (EIA) or exercise-induced bronchoconstriction (EIB):

<input type="checkbox"/> Bronchodilator test	Date of test:
<input type="checkbox"/> Hypertonic aerosol	Date of test:
<input type="checkbox"/> Eucapnic voluntary hyperpnea test	Date of test:
<input type="checkbox"/> Metacholine test	Date of test:
<input type="checkbox"/> Laboratory exercise or field exercise	Date of test:
<input type="checkbox"/> Other test:	Date of test:

These tests must have been carried out during the last four years.

Peak Expiratory Flow (PEF) measurements alone are unacceptable.

N.B. Accordingly to the Code, at any time FISA and/or WADA may ask the details of the tests carried out and review their decision.

Prohibited substance(s): <i>Generic name</i>	Dose	Frequency
1.		
2.		
3.		
Intended duration of treatment: (Please tick appropriate box)	<input type="checkbox"/> Once only (indicate date of treatment): <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 medications not on the Prohibited List would be unsatisfactory for this condition.

Name:

Medical Speciality:

Address:

.....

Tel.: **Fax:**

E-mail:

Signature: **Date:**

4. Athlete's declaration

I, certify that the information under 1. is accurate and that I am requesting approval to use a Beta-2 agonist. I authorize the release of personal medical information to the Anti-Doping Committee of FISA as well as to WADA staff and to the WADA TUEC (Therapeutic Use Exemption Committee) as well as any other anti-doping organization 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 FISA in writing of that fact.

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)

Incomplete Applications will need to be resubmitted.

Please submit the completed form to FISA and keep a copy for your records.