

Declaration of use for Glucocorticosteroids

Please complete all sections in capital letters or typing

1. Athlete Information

Surname:	Given Names:.....
Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of Birth (d/m/y):
Address:	
City:	Country: Postcode:
Tel.:..... <i>(with international code)</i>	E-mail:
Sport:.....	Discipline/Position:
International or National Sport Organization:	
If athlete with disability, indicate disability and class:	

2. Medical information

Prohibited substance(s):	Dose of administration	Route of administration	Frequency of administration
1.			
2.			
3.			

Date of administration:

Additional comment(s):

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 speciality:

Address:

Tel.: Fax:

E-mail:

Signature of Medical Practitioner: Date:

4. Athlete's declaration

I, certify that the information under 1. is accurate and that I am declaring the use glucocorticosteroids from the WADA Prohibited List. I authorize the release of personal medical information to the Anti-Doping Organization (ADO) 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 my ADO 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)