



# Declaration of Use

In accordance with the International Standard for Therapeutic Use Exemptions, I hereby declare to USADA 1) use of Glucocorticosteroids used by non systemic routes 2) or Beta-2 agonists by inhalation, 3) or Platelet Rich Plasma injections (NOT intramuscular).

Please complete all sections in BLOCK CAPITALS

## 1. Athlete Information

Last Name: ..... First Name:.....

Female  Male  (tick appropriate box) Date of Birth (m/d/y): .....

Address: . .....

City: ..... State: ..... Zip Code: ..

Phone: ..... Email: .....

Sport: ..... Discipline: .....

## 2. Diagnosis

Diagnosis with sufficient medical information:

.....

.....

.....

## 3. Medication details

Substance Name	Dose	Route	Start Date of Use

## 4. Medical doctor

Name .....

Qualification & Medical speciality: .....

Address: .....

Phone: ..... Fax: .....

Email: .....

Email this form to [tue@usada.org](mailto:tue@usada.org) OR fax to (719) 785 2029

Questions? Call 719-785-2045 or email [tue@usada.org](mailto:tue@usada.org)

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