



Declaration of Use (glucocorticosteroids by non-systematic routes)

Please complete all sections in capital letters or typing

IST-TUE 8.1 It is acknowledged that some substances included on the List of Prohibited Substances are used to treat medical conditions frequently encountered in the athlete population. For monitoring purposes, these substances, for which the route of administration is not prohibited, will require a simple declaration of use. These are strictly limited to the following: **Glucocorticosteroids used by non systemic routes, namely inhaled, intraarticular, periarticular, peritendinous, epidural, intrathecal, and intradermal injection only.**

1. Athlete Information

Name :		Given Name(s)::.....	
Date of birth (day/month/year).....		Female <input type="checkbox"/>	Male <input type="checkbox"/>
Address:			
City:		Country:	Postal Code
Tel:		e-mail:	

2. Medical Information

Diagnosis / remarks:

Prohibited substance :	Dose / day:	Route o. Administration	Frequency:

date when administration started :	Treatment duration: :
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Name of notifying medical practitioner:
Medical speciality :
Address :
Tel:..... e-mail:
Date, signature of medical practitioner :
Date, signature of Athlete:

In the case of a doping test the athlete has to provide a copy of this declaration to the doping control officer. Further the use of the above mentioned substance has to be noted on the Doping Control Form.