

Declaration of Use

Appendix 2

In accordance with the International Standard for Therapeutic Use Exemptions, I hereby declare to the ISU my use of Glucocorticosteroids used by non systemic routes namely intraarticular, periarticular, peritendinous, epidural, intradermal injection and inhalation.

Please complete all sections in BLOCK CAPITALS

1. Athlete Information

Surname: **Given Names:**.....

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

Address:
.....

City: Country:

Postcode:

Tel: Email:

Sport:..... Discipline:

ISU Member:
.....

2. Diagnosis

Diagnosis with sufficient medical information :
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.....
.....
.....

3. Medication details

Substance Name	Dose	Route	Start Date of Use

4. Medical doctor

Name

.....

Qualification & Medical speciality:

.....

Address:

.....

Tel.: Fax:

Email:

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STRICTLY CONFIDENTIAL