



DECLARATION OF USE



This form applies to the following substances and methods:

- Glucocorticosteroids (GCS) administered by non-systemic routes
- Salbutamol (maximum 1600 mcg/24 hours) and salmeterol by inhalation
- Platelet-derived preparations not administered by intramuscular route

A TUE is still required for GCS administered by oral, IV, IM or rectal routes, for all other beta-2 agonists, and for platelet-derived preparations administered by IM route

Please complete all sections. Please write in block capitals.

1. Athlete's details

Surname: _____ First names: _____

Nationality: _____

Date of birth (day/month/year) _____ / _____ / _____

Participating In which competitions? _____

Name of National Team: _____

2. Medical information

Diagnosis: _____

Prohibited substance – generic name	Dose	Route of administration	Date of administration

* inhaled GCS must be declared on TUE application for beta-2 agonist in asthma

3. Medical practitioner's details

Name: _____

Medical speciality: _____

Address: _____

Email: _____

Tel. work: _____ fax: _____

(Please include country and area code)

Medical practitioner's signature: _____ Date: _____

Athlete's signature: _____ Date: _____

Please fax the completed form to 1st CISM WMWG Organizing Committee Doping Control Office at : +39.0165.31878 and keep a copy for your records.

STRICTLY CONFIDENTIAL