



Declaration of Use (DoU)

(for Glucocorticosteroids used by non systemic route, Salbutamol by inhalation ≤ 1600 micrograms over 24h, Salmeterol by inhalation)

Déclaration d'Usage

(pour les Glucocorticoïdes par voie non systémique, le salbutamol par inhalation maximum 1600 microgrammes par 24 heures, Salmétérol par inhalation)

Please complete all sections in capital letters or typing

1. Athlete Information

First Name:	Gender	Nationality
Last Name:	Discipline (GR/FS/FW)	Weight Category
Current physical Address:	Postal Code	Town
	Country:	
Date of birth (day/month/year):	FILA License Number:	
Phone:	Mobile Phone:	
Email:		
Please mark the appropriate box: <input type="checkbox"/> I am part of FILA Registered Testing Pool <input type="checkbox"/> I am part of a National Anti-doping Organization Testing Pool <input type="checkbox"/> I am participating in an International Federation event for which a TUE granted pursuant to FILA's rules is required ¹ - Name of the competition: <input type="checkbox"/> None of the above		
If athlete with disability, please indicate disability:		

¹ Refer to our website www.fila-wrestling.com for the list of designated events

2. Medical Information

Diagnosis with sufficient medical information:

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Medical exam/control

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Other information

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3. Medication details

Specific name of drug	Prohibited substance	Dose	Route	Frequency
1.				
2.				

Intended duration of treatment: (Please tick appropriate box)	Once only <input type="checkbox"/> Emergency <input type="checkbox"/> Or Duration (week/month):.....
Date of treatment day/month/year (mandatory field!)	

4. Medical practitioner

First Name	Last Name
Medical speciality	
Address	
Tel	Fax
Email	
Signature:	Date:

5. Athlete's signature

Athlete's signature	Date
Parent's/Guardian signature (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)	

This form is available on www.fila-wrestling.com

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