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South African Institute for
Drug-Free Sport



DECLARATION OF USE

**(Glucocorticosteroids used by non-systemic routes: intra-articular, peri-articular, peri-tendinous, epidural, intra-dermal injections and inhaled route).
Salbutamol or Salmeterol administered by non-systemic route.**

PLEASE COMPLETE ALL SECTIONS IN ENGLISH AND IN CAPITAL LETTERS

1. Athlete Information

Surname: **First Names:**

Female **Male** **Date of Birth (dd/mm/yy)**

Address:

City: **Country:** **Postcode:**

Tel: **Fax:** **Email:**
(with international code)

Sport: **Discipline / Position:**

International or National Sport Organisation:

If athlete with disability, indicate disability:

2. Medical Information

Diagnosis with sufficient medical information

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3. Name of Substance

Prohibited substance (s): <u>Generic Name</u>	Dose	Route	Frequency
1.			
2.			
3.			

4. Medical Practitioner's Declaration

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medication not on the prohibited list would be unsatisfactory for this condition.

Name:

Medical Specialty:

Address:

Tel:

Fax:

E-mail:

Signature of Medical Practitioner:

Date:

5. Athlete's Declaration

I, Certify that that the information under 1. Is accurate and that I am declaring the use of glucocorticosteroids. I authorize the release of my personal medical information to the SAIDS TUE Committee under the provisions of the World Anti-Doping Code. I understand that if I ever wish to revoke the right of my national federation/International federation/WADA to obtain my health information on my behalf, I must notify my medical practitioner and SAIDS in writing of that fact.

Athlete's Signature: **Date:**

Parent's/Guardian's Signature: **Date:**

(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)

**INCOMPLETE APPLICATIONS WILL BE RETURNED AND WILL
NEED TO BE RESUBMITTED**

Please submit the completed form to the South African Institute for Drug-Free Sport for the attention of Pamela Isaacs via e-mail (pamela@drugfreesport.org.za) or fax (021 761 8148) and keep a copy for your records.