

Athlete Declaration of Use

STEP 1: INFORMATION ABOUT YOUR SPORT

In the section below, please specify the sport for which you require a Declaration of Use. Only specify the event if it is relevant and required by your sporting organization, otherwise leave this field blank. Finally, you must select the Sporting Organization to which you are submitting the Declaration of Use. Mandatory information is indicated with an asterisk.

Sport Discipline*	
<input type="text"/>	
Sporting Organization*	Registered Testing Pools
<input type="text"/>	<input type="text"/>

STEP 2: INFORMATION ABOUT YOUR PHYSICIAN

In the section below, please provide information about your physician. Please note that you must provide at least one telephone number in the event that your sporting organization wishes to contact your doctor.

Last Name	First Name	Qualification & Medical Specialty	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address			
<input type="text"/>			
Country	Region	City	Postal code/Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Work	Telephone Home	Telephone Mobile	Telephone Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email			
<input type="text"/>			

STEP 3: MEDICAL INFORMATION

In the section below, please describe the medical necessity for the Declaration of Use. You must supply the diagnosis. If an appropriate diagnosis is not listed, please select "Other, please specify" in the Diagnosis list and describe your condition in the "Diagnosis description" box. Feel free to list any relevant medical examinations, tests, or any additional information that relates to this application in the spaces provided.

Diagnosis	Diagnosis description
Other, please specify	<input type="text"/>
Medical Exam / Test Performed	
<input type="text"/>	
Additional Information	
<input type="text"/>	

STEP 4: SPECIFY THE MEDICATION YOU ARE TO TAKE

In the selection below, you must specify the prohibited substance you are applying to take. If you do not know the generic name of the substance, or it does not appear in the list, please specify it in the "Comments" box. The prescribed dosage (e.g. 375 mg) is required. You may optionally specify the frequency of administration (e.g. 2 times/day), the route of administration, and anticipated duration of the medication. You may apply for more than one substance by clicking the "Add Substance" button, and you may remove a substance by clicking the small "X" that appears in the top right-hand corner of the substance box.

Specific name of drug	Prohibited Substance*	Dosage*	
<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="button" value="X"/>
Frequency of Administration	Route of Administration*	Treatment duration	Dates of administration
<input type="text" value="as needed"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical guidelines			
Conditions and Comments			
<input type="text"/>			

STEP 5: SUBMIT YOUR APPLICATION ELECTRONICALLY

You may submit your application by clicking on the "Submit Application" button. If you would like to save it to complete later, simply click on "Save." Once submitted, your sporting organization will automatically receive notification that you submitted a Declaration of Use.