



## DECLARATION OF USE

Glucocorticosteroids used by non systemic routes : intraarticular, periarticular, peritendinous, epidural, intradermal injections and inhaled route.

Inhaled Salbutamol & Salmeterol

**PLEASE COMPLETE ALL SECTIONS IN CAPITAL LETTERS OR TYPING**

### 1. Athlete Information

**Surname:**..... **First Names:** .....

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

**Address:** .....

**City:** ..... **Country:** ..... **Post Code:** .....

**Tel.:**..... **E-mail:** .....

**Sport:** ..... **Discipline/Position:** .....

**International or National Sport Organization:** .....

**If athlete with disability, indicate disability and class:** .....

### 2. Medical Information

Prohibited Substance(s)	Dose of administration	Route of administration	Date/s Of Treatment/s	Frequency of Administration
1.				
2.				
3.				

**Date of administration:** .....

**Additional comment(s):**

.....  
.....  
.....

**3. 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 Speciality: .....

Address: .....

Tel: ..... Fax: .....

E-mail: .....

Signature of Medical Practitioner: ..... Date: .....

**4. Athlete's Declaration**

I, ..... certify that the information under 1. is accurate and that I am declaring the use of Glucocorticosteroids & inhaled Salbutamol & Salmeterol. 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.

**Please submit completed form to the South African Institute for Drug-Free Sport (SAIDS) for the attention of Pamela Isaacs via email [Pamela@drugfreesport.org.za](mailto:Pamela@drugfreesport.org.za) or fax 021 7618148.**