

# Declaration of Use



## 1) Details of the athlete:

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Sex/Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

Post Code & City: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_

## 2) Details of the Doctor/Physician:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

## 3) Inhaled and Injected Glucocorticosteroids

Diagnosis: \_\_\_\_\_

Substance: \_\_\_\_\_ Dose: \_\_\_\_\_ Route of Administration: \_\_\_\_\_

Date of first Usage: \_\_\_\_\_ Duration of Usage: \_\_\_\_\_

## 4) Inhaled Beta-2-Agonists

Diagnosis: \_\_\_\_\_

Substance: \_\_\_\_\_ Dose: \_\_\_\_\_ Route of Administration: \_\_\_\_\_

Date of first Usage: \_\_\_\_\_ Duration of Usage: \_\_\_\_\_

*Please take note: In case of beta-2-agonist use, every athlete has to have a comprehensive medical history and the results of all examinations, laboratory investigations and imaging studies relevant to the application as per the WADA Document 'International Standard for TUE 2009', point 7.6 and Annex 1.*

5) Date and Athlete's Signature: \_\_\_\_\_

Send a copy of this form to the IIHF office, Brandschenkestrasse 50, 8027 Zürich, Switzerland or via email to [eskola@iihf.com](mailto:eskola@iihf.com) or via fax to +41 44 562 22 69.

IIHF will not send a confirmation of receipt form!

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