

INTERNATIONAL SKATING UNION

HEADQUARTERS ADDRESS: CHEMIN DE PRIMEROSE 2 - CH 1007 LAUSANNE - SWITZERLAND
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Declaration of Use

In accordance with the International Standard for Therapeutic Use Exemptions, I hereby declare to the ISU my use of Glucocorticosteroids used by non systemic routes namely intraarticular, periarticular, peritendinous, epidural, intradermal injection and inhalation, or Beta-2 agonists by inhalation.

Please complete all sections in **BLOCK CAPITALS**

1. Athlete Information

Surname: Given Names:

Female Male (*tick appropriate box*) Date of Birth (d/m/y):

Address:

City: Country: Postcode: ..

Tel: Email:

Sport: Discipline:

ISU Member:

2. Diagnosis

Diagnosis with sufficient medical information :

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.....
.....

3. Medication details

Substance Name	Dose	Route	Start Date of Use

4. Medical doctor

Name

Qualification & Medical speciality:

Address:

Tel.: Fax:

Email:

STRICTLY CONFIDENTIAL