



Declaration of Use DOU

DOU Application Template
Only for

A) Glucocorticosteroids by <i>intraarticular, periarticular, peritendinous, epidural, intra-dermal and inhalation routes</i>	AND OR	B) Inhaled Beta-2 agonists <i>(formoterol, salbutamol, salmeterol, terbutaline) for athletes with possibility for Retroactive TUE</i>
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Please complete all sections in capital letters or typing

1. Athlete Information

Surname: _____ Given Names: _____	
Female: ____ Male: ____ Date of Birth (d/m/y): _____	
Address: _____	
City: _____ Country: _____ Postcode: _____	
Tel.: _____ E-mail: _____	
(with international code)	
Nationalities: _____ Sport Nationality: _____	
Sport: _____	
International or National Sport Organization: _____	
If athlete with disability, indicate disability: _____	

A . For Glucocorticosteroids (by intra-articular, periarticular, peritendinous, epidural, intradermal and inhalation routes)

Diagnosis: _____				
Prohibited substance(s): Generic name (INN)	Dose: (incl. unit of measure)	Route of administration:	Frequency of administration:	Duration: (incl. start date)
1.				
2.				

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B . For Beta-2 agonists (salbutamol, salmeterol.)

Diagnosis: _____				
Prescribed methods of use <input type="checkbox"/> prevention of the crisis only <input type="checkbox"/> before the exercise only <input type="checkbox"/> daily taken				
Prohibited substance(s): Generic name (INN)	Dose: (incl. unit of measure)	Route of administration:	Frequency of administration:	Duration: (incl. start date)
1.				
2.				

Note! inhaled Beta-2 agonists salbutamol, salmeterol are permitted by inhalation with declaration of use at the time of testing.
Terbutaline and eformoterol require a formal therapeutic exception (TUE).

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 FIRS and keep a copy for your records.

Please return to

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