



## 2006 EDBF EUROPEAN NATIONS CHAMPIONSHIPS'



### IDBF Medication Declaration Form for Banned Substances

All applicable areas must be completed, including diagnosis. Please print clearly.

#### 1. Athlete Information

Surname:	Date of Birth (d/m/y)
Fore Names	Gender (m/f)
Address	Telephone: + (0)
	Fax: + (0)
Place	Post Code
	Email:

#### 2. Substances Declared (to be completed by the prescribing medical doctor)

##### Diagnosis:

**Beta-2 Agonist Inhalers:** The four beta -2 agonists listed below are permitted by inhalation only when this declaration form is submitted at the time the medication is prescribed and/or prior to doping control. All other beta-2 agonists are banned. Oral administration (tablet or liquid) and systemic (intravenous) administration of all beta-2 agonists are banned

Indicate a X beside medication (s) being declared:	Dose	Route of Administration
Formoterol (e.g. Oxeze Turbuhaler)		Inhalation:
Salbutamol (e.g. Ventolin Inhaler)		Inhalation:
Salmeterol (e.g. Serevent Inhaler)		Inhalation:
Terbutaline (e.g. Bricanyl Inhaler)		Inhalation:

**Glucocorticosteroids** are permitted by inhalation (e.g. Pulmicort), intra-articular, and local injection only **when this** declaration form is submitted at the time the medication is prescribed and/or prior to doping control. Declaration should be made for each injection or each planned series of injections. Topical applications are permitted.

Glucocorticosteroid Prescribed	Dose	Route of Administration



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### 3. Doctor's Information

Name:		
Registration Number		
Address		Telephone: + (0)
		Fax: + (0)
Place	Post Code	Email:

1. Declaration forms for inhaled permitted beta-2 agonists and inhaled glucocorticosteroids are valid for one (1) year from the date signed by the prescribing Doctor, and must be renewed annually.
2. Annual renewal is the responsibility of the athlete concerned.
3. The information on this form is based on the 2003 IOC-WADA List of Prohibited Substances and Prohibited Methods, as adopted by the IDBF, and is subject to change in the future.

Doctor's Signature: .....Athlete's Signature:.... .....Date (d/m/y)  
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