

STRICTLY CONFIDENTIAL



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DECLARATION OF USE

(Version 2010)

Please complete all sections **in capital letters or typing**

This **Declaration of Use (DoU)** concerns the following routes of administration of:

• **glucocorticosteroids:**

- *intra-articular/periarticular/peritendinous/epidural/intradermal injections*
- *inhalation*

Topical preparations when used for dermatological, including iontophoresis/phonophoresis, auricular, nasal, ophthalmic, buccal, gingival and perianal disorders are not prohibited and do not require any form of Declaration of Use.

• **Beta-2 agonists**

- *inhaled salbutamol and salmeterol*

It should be noted that suprathreshold dosages may result in a urinary level of >1000ng/mL which could result in an adverse analytical finding (AAF).

1. Athlete Information

Surname: First Names:

Female Male Date of Birth (d/m/y):

Address:

City: Country: Postcode:

Tel.: E-mail:

Sport: Discipline/Position:

International or National Sport Organization:

If athlete with disability, indicate disability:

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2. Medical Information

Diagnosis:

.....

Medical information (detailed description of symptoms, different treatments administered)

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3. Medication details

Prohibited substance(s): <u>Generic name(s)</u>	Dose	Route	Frequency	Intended duration of Treatment e.g. Emergency Once only Weeks Months
1.				
2.				
3.				

4. 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:**

6. Athlete's declaration

I, certify that the information under 1. is accurate and that I am requesting approval to use a glucocorticosteroids. I authorize the release of personal medical information to the FEI as well as to WADA staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other Anti-Doping Organizations (ADOs) under the provisions of the Code. I understand that if I ever wish to revoke the right of these organizations to obtain my health information on my behalf, I must notify my medical practitioner and the FEI in writing of that fact.

Athlete's signature: **Date:**

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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 DoU will be returned and will need to be resubmitted.

IMPORTANT

You must declare the use of this medication on the Doping Control Form every time you are tested.

Please submit the completed form to the FEI at daniele.gutowski@fei.org or by fax to: +41 21 310 47 60 and keep a copy for your records.