

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 or via fax to +41 44 562 22 69.

IIHF will not send a confirmation of receipt form!

Confidential!