



FÉDÉRATION INTERNATIONALE DE SKI
INTERNATIONAL SKI FEDERATION
INTERNATIONALER SKI VERBAND

Declaration of Use

for Glucocorticosteroids by non-systematic routes* or inhalation

Please complete all sections in typing (English only) and transmit the form to the FIS Office fax +41 (0) 33 244 61 71 or scan to antidoping@fisski.ch

*All routes other than orally, rectally, intravenously and intramuscularly.
Dermatological glucocorticosteroids do not require a Declaration of use.

1. Athlete Information

| | |
|--------------------|---|
| Surname | |
| Given names | |
| Gender | female <input type="checkbox"/> male <input type="checkbox"/> |
| Date of birth | |
| Address | |
| City / Postal code | |
| Country | |
| Telephone | |
| email | |
| Sport / discipline | |
| International Org. | International Ski Federation, FIS |

2. Medical Information

| | |
|-----------|--|
| Diagnosis | |
|-----------|--|



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CH-3653 Oberhofen (Switzerland), Tel. +41 (0)33 244 61 61, Fax +41 (0)33 244 61 71
FIS-Website: <http://www.fis-ski.com/> ftp-site: <ftp://ftp.fisski.ch> TVA-VAT-MWST:377 542

| Name of drug + Substance | Dose | Route | Frequency | Expiry date |
|---------------------------------------|--|-------|-----------|-------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| Intended duration of treatment | Once only <input type="checkbox"/> emergency <input type="checkbox"/> Or duration (week/month): | | | |

3. Medical Practitioner's and athlete's declaration

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medications not on the Prohibited List would be unsatisfactory for this condition.

| | |
|---------------------------------------|--|
| Name | |
| Medical speciality | |
| Address | |
| Telephone | |
| Fax | |
| email | |
| Date | |
| Signature of the Medical Practitioner | |

I, _____, herewith certify that the information under 1. is accurate. I authorize the release of personal medical information to the relevant parties only i.e. to the International Ski Federation as well as to WADA staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO under the provisions of the Code. I understand that if I ever wish to revoke the right of these organisations to obtain my health information on my behalf, I must notify my medical practitioner and the International Ski Federation in writing of that fact.

I AM AWARE THAT THE DECLARATION OF USE REQUIRES THE PROCESSING (FOR EXAMPLE TRANSMISSION, DISCLOSURE, USE AND STORAGE) OF ALL DATA PERTAINING TO SUCH DECLARATION THROUGH THE ANTI-DOPING ADMINISTRATION AND MANAGEMENT SYSTEM (ADAMS) TO ENSURE HARMONISED, COORDINATED AND EFFECTIVE ANTI-DOPING PROGRAMS FOR DETECTION, DETERRENCE AND PREVENTION OF DOPING. SIGNING THIS FORM WILL INDICATE THAT I HAVE BEEN SO INFORMED AND THAT I GIVE MY EXPRESS CONSENT TO SUCH PROCESSING OF DATA.

| | |
|---|--|
| Date | |
| Athlete's signature | |
| Date | |
| Parent's/Guardian's signature (if the athlete is a minor) | |

Please note that the athlete has to declare the use of glucocorticosteroids also on the Doping Control Form!!!



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