



DECLARATION OF DRUG USE

THIS FORM SHOULD BE COMPLETED IN ENGLISH ONLY. **PLEASE PRINT IN BLOCK LETTERS.**

DATE:

The following competitor declares the use of the medications listed below :

NAME OF COMPETITOR: M/F

DATE of BIRTH: (day/month/year)

SPORT: Swimming Water Polo Synchro Diving Open Water

HOME ADDRESS:
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FEDERATION:

MEDICATION(S): (Include dose, frequency and method of administration)

Eg. *SALBUTAMOL , 2 PUFFS TWICE DAILY BY INHALATION*

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LAST DATE OF ADMINISTRATION:

DIAGNOSIS FOR TREATMENT:
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TREATING OR TEAM PHYSICIAN: NAME:

SIGNATURE:

SIGNATURE OF ATHLETE: (OR PARENT/GUARDIAN IF MINOR).....

NOTE

THE DECLARATION OF A MEDICATION DOES NOT IMPLY APPROVAL OF ITS USE BY FINA