

# INTERNATIONAL SKATING UNION

HEADQUARTERS ADDRESS: CHEMIN DE PRIMEROSE 2 - CH 1007 LAUSANNE - SWITZERLAND  
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## Declaration of Use

*In accordance with the International Standard for Therapeutic Use Exemptions, I hereby declare to the ISU my use of Glucocorticosteroids used by non systemic routes namely intraarticular, periarticular, peritendinous, epidural, intradermal injection and inhalation, or Beta-2 agonists by inhalation.*

Please complete all sections in **BLOCK CAPITALS**

### 1. Athlete Information

Surname: .....	Given Names: .....	
Female <input type="checkbox"/> Male <input type="checkbox"/> (tick appropriate box)	Date of Birth (d/m/y): .....	
Address: . .....		
City: .....	Country: .....	Postcode: ..
Tel: .....	Email: . .....	
Sport: .....	Discipline: .....	
ISU Member: .....		

### 2. Diagnosis

Diagnosis with sufficient medical information : ..... ..... ..... .....
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### 3. Medication details

Substance Name	Dose	Route	Start Date of Use

### 4. Medical doctor

Name .....	
Qualification & Medical speciality: .....	
Address: .....	
Tel.: .....	Fax: .....
Email: .....	

**STRICTLY CONFIDENTIAL**