

# Declaration of Use



*In accordance with the International Standard for Therapeutic Use Exemptions, I hereby declare to the IOF my use of one of the following substances: Glucocorticosteroids used by non-systemic routes, namely intraarticular, periarticular, peritendinous, epidural, intradermal injection, and inhalation, Platelet-derived preparations by other routes of administration than intramuscular route, or salbutamol (maximum 1600 micrograms over 24 hours) or salmeterol by inhalation.*

## 1) Athlete Information

Surname \_\_\_\_\_ Given Names \_\_\_\_\_  
Sex  Female  Male Date of Birth (dd/mm/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Country \_\_\_\_\_  
Tel. \_\_\_\_\_ E-mail \_\_\_\_\_  
National Orienteering Federation \_\_\_\_\_  
Are you in the IOF Registered Testing Pool?  Yes  No

## 2) Physician Information

Name \_\_\_\_\_  
Medical Speciality of Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Country \_\_\_\_\_ Tel. \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_

## 3) Substance information

Diagnosis: \_\_\_\_\_

Substance name:	Dose:	Route:	Start Date of Use:	Duration:

Date

Signature

\_\_\_\_\_

\_\_\_\_\_

Please return the form to the IOF Secretariat:  
IOF, Radiokatu 20, FIN-00093 SLU, FINLAND

**STRICTLY CONFIDENTIAL**