

**INTERNATIONAL ASSOCIATION OF ATHLETICS FEDERATIONS
MEDICAL COMMISSION**

APPLICATION FORM FOR THERAPEUTIC USE OF PROHIBITED SUBSTANCES

- **Print all information legibly**
- **Keep a copy of the form to present at all doping controls**
- **All therapeutic use exemptions expire ONE YEAR after the date of authorisation and must be renewed annually. Note that a new application is required for a change in prescription.**

Athlete's Name

Athlete's First Name

Nationality

Sex

Event

Date of birth

Postal Address, City Code, Country

Phone

Fax

e-mail address

This form is to seek an exemption for the use of a prohibited substance(s) for therapeutic purposes. The physician completing this form should not include any information relating to the applicant that he would expect to remain confidential. Such information should be provided to the IAAF under separate cover so as to maintain strict confidentiality.

BETA-2-AGONISTS – Permitted by inhalation only

Note: The IAAF has a specific beta-2-agonists exemption procedure. Details of the procedure to be followed, and of the documents to be provided, are on the IAAF website (www.iaaf.org>Downloads>Publications) or can be supplied on request.

DIAGNOSIS: _____

MEDICATION	Commercial Name	Dose	Duration of Treatment
Formoterol			
Salbutamol			
Salmeterol			
Terbutaline			

OTHER PROHIBITED SUBSTANCE(S) - under strict application of the IAAF exemption procedure.

Note: Insulin is permitted to treat insulin-dependent diabetes only

DIAGNOSIS: _____

MEDICATION	Commercial Name	Dose	Route of Administration Duration of Treatment

Physician's Name (print)

Physician's Signature

Date

e-mail address

Postal Address, City Code, Country

Phone

Fax

Stamp

This form, supported by medical records, main laboratory tests and other complementary investigations results, should be sent to the IAAF by mail: 17, Rue Princesse Florestine, BP 359. MC-98007, Monaco or by confidential fax to 377 93 50 83 95.