

INHALER REGISTRATION FORM

PART A

Registration of use of Beta-2 Agonist Inhalers

ATHLETE'S NAME _____

ADDRESS _____

EVENT(s) _____ **DATE OF BIRTH** _____

PRESCRIBING DOCTOR'S NAME _____

DOCTOR'S ADDRESS _____

I wish to register my therapeutic use of my beta-2 agonist inhaler.

SIGNATURE _____ **DATE** _____

TYPE OF INHALER _____

DOSE _____

DIAGNOSIS _____

EXPECTED DURATION OF TREATMENT _____

Please see other side

Data Protection

UKA will process the data provided by you in this form for the sole purpose of the proper administration of its anti-doping programme. UKA will process the data in accordance with the Data Protection Act (1998) and in so doing UKA may pass your information (including information relating to personal medical information) to the IAAF, WADA, UK Anti-Doping and other organisations or individuals involved in the administration of the doping control process or concerned with the results of that process.

PART B

Registration of use of Beta-2 Agonist Inhalers

ATHLETE'S NAME _____

ADDRESS _____

TYPE OF INHALER _____

Please return this form to:

Anti Doping
UKA
Athletics House
Central Boulevard
Blythe Valley Business Park
Solihull
West Midlands, B90 8AJ

Please enclose a stamped addressed envelope.

FOR OFFICIAL USE ONLY

I hereby acknowledge registration of the above athlete's use of :

_____ by inhaler from _____

until _____

SIGNED _____

DATE _____

This is not a full Therapeutic Use Exemption (TUE). A full TUE is only required for athletes who are considered as National or International level. Athletes outside of these parameters can make a retroactive TUE application within 10 working days after the date of a drug test.