



INTERNATIONAL SHOOTING SPORT FEDERATION
INTERNATIONALER SCHIESS-SPORTVERBAND e.V.
FÉDÉRATION INTERNATIONALE DE TIR SPORTIF
FEDERACION INTERNACIONAL DE TIRO DEPORTIVO

DECLARATION OF USE

To be used for glucocorticosteroids via the following routes of administration: intraarticular, periarticular, peritendinous, epidural, intradermal or by inhalation.

Also used for inhaled salbutamol and salmeterol. (*See the WADA Prohibited List for details.)*

Shooters are reminded that a TUE is still required for glucocorticosteroids administered by oral, intravenous, intramuscular or rectal routes. A TUE is also still required for other beta-2 agonists.

Send completed forms to the ISSF:

Fax: +49 89 544 355 44 - Email: barbara@issf-sports.org - Mail: International Shooting Sport Federation, Bavariaring 21, D-80336 Munich, Germany Attn: Barbara Wittmann

Please complete all sections

1. Shooter Information

Surname: Given Names:
Female Male Shooter's ID number
Address:
City: Country: Postal Code:
Date of Birth (d/m/y):
Tel. Work: Tel. Home: Mobile:
E-mail: Fax:
Sport: Discipline/Position:
National Shooting Federation:

2. Medical Information

Diagnosis (please attach sufficient medical information):
.....
.....

3. Medication details

Prohibited Substance(s):	Dose of administration	Route of administration	Frequency of administration	Duration of Treatment
Enter all that apply. Example:	e.g., 200 mg	e.g., inhalation, local injection	e.g., BID, QID, as needed	e.g., one-time use, emergency, one year, until...
1.				
2.				
3.				

4. Treating Physician's Information

Name, qualifications and medical specialty:

.....

.....

Address:

..... E-mail address:

Tel. Work: Tel. Home:.....

Mobile: Fax:

5. Shooter's declaration

Shooter's signature: **Date:**

Parent's/Guardian's signature: **Date:**

(if the athlete is a minor or has a disability preventing him/her to sign this form, a parent or guardian shall sign together with or on behalf of the athlete)

Incomplete applications will be returned to you unprocessed and will need to be resubmitted. Please submit the completed form to the ISSF and keep a copy for your records.