

Declaration of Use

International Tennis Federation (ITF)

Please complete ALL sections in **CAPITAL LETTERS** or typing. Incomplete declarations will be returned. To complete this document electronically, please type where indicated, and do NOT insert additional lines. This document must be submitted in 2 pages.

I hereby declare the use of a glucocorticosteroid, salbutamol or salmeterol administered by a non-systemic route.

1. PLAYER INFORMATION

Family Name(s):	First Name(s):
Female <input type="checkbox"/> Male <input type="checkbox"/> (select appropriate box)	Date of Birth (dd/mm/yy):
Contact Tel:	Mobile/Cell:
Acknowledgement to be sent to (please select one option by selecting the appropriate box):	
<input type="checkbox"/> Fax number:	Attention:
<input type="checkbox"/> E-mail address:	

2. MEDICAL PRACTITIONER INFORMATION

Family Name(s):	First Name(s):
Qualifications (e.g. Dr. A.B. Cook, MD):	
Medical Speciality (e.g. gastroenterologist):	
Address:	
	City:
State and Country:	Post Code:

3. MEDICATION INFORMATION: DIAGNOSIS AND MEDICAL INFORMATION

Please describe the medical necessity for the declaration of Use. You must supply the diagnosis. If an appropriate diagnosis is not listed, please indicate against "Other" and describe your condition in the "Diagnosis" section. Please list any relevant medical examinations, tests, or any additional information that relates to this application in the space provided.			
Alopecia <input type="checkbox"/>	Bronchitis <input type="checkbox"/>	Musculo-tendinous lesion <input type="checkbox"/>	
Arthritis <input type="checkbox"/>	Bursitis <input type="checkbox"/>	Sinusitis <input type="checkbox"/>	
Asthma <input type="checkbox"/>	Prolapsed disc <input type="checkbox"/>	Other – state diagnosis below <input type="checkbox"/>	
Diagnosis:			
Medical Examination(s)/Test(s) Performed/Additional Information:			

4. MEDICATION DETAILS

Please specify the prohibited substance for which you are declaring Use. If you do not know the generic name of the substance, or it does not appear in the list below, please specify in the "Other" section.

Beclomethasone	<input type="checkbox"/>	Flumethasone	<input type="checkbox"/>	Prednisolone	<input type="checkbox"/>
Betamethasone	<input type="checkbox"/>	Flunisolide	<input type="checkbox"/>	Prednisone	<input type="checkbox"/>
Budesonide	<input type="checkbox"/>	Fluticasone propionate	<input type="checkbox"/>	Salbutamol	<input type="checkbox"/>
Desonide	<input type="checkbox"/>	Fluocortolone	<input type="checkbox"/>	Salmeterol	<input type="checkbox"/>
Dexamethasone	<input type="checkbox"/>	Hydrocortisone	<input type="checkbox"/>	Triamcinolone	<input type="checkbox"/>
Fludrocortisone	<input type="checkbox"/>	Methylprednisolone	<input type="checkbox"/>	Other – indicate below:	<input type="checkbox"/>

Other

The prescribed dosage (e.g. 10 mg) is required. You may also specify the frequency of administration (e.g. 2 times/day), the route of administration, and anticipated duration of use. You may declare the Use of more than one substance.

Prohibited Substance(s)/Methods(s) Generic Name	Dosage, Strength & Frequency (including number of e.g. pills/puffs)	Route of administration	Anticipated duration (e.g. days/weeks or indefinite)

5. PLAYER'S DECLARATION

I, (First name) (Family name)

Certify that the information provided above is accurate and that I am declaring the Use of Prohibited Substance(s) or Method(s) on the WADA Prohibited List.

I consent to the release of all information (including medical) contained in this form to the Tennis Anti-Doping Programme as well as to WADA staff, to the WADA TUEC and to other Anti-Doping Organisations under the provisions of the WADA Code. This information will only be used for legitimate anti-doping purposes. I understand that if I wish to revoke this consent, I must notify my medical practitioner and the ITF in writing.

I am aware that the ITF and/or IDTM will be processing and/or evaluating my declared Use in accordance with the current WADA Prohibited List in connection with this declaration.

Player's Signature
(or Parent's/Guardian's
Signature):

Date
(dd/mm/yy):

Please submit the COMPLETED form (keeping a copy for your records) to:

International Doping Tests & Management, IDTM

IDTM Drug Information Centre

Telephone: +46 8 555 10 999 Fax: +46 8 555 10 995 Email: tennis@idtm.se

**IDTM will send you an acknowledgement, including a reference number,
to confirm that your declaration of Use has been received.**

IMPORTANT:

You must declare the use of this medication on the Doping Control Form every time you are tested, and should include the IDTM reference number.

If you are in the International Registered Testing (Whereabouts) Pool, you must also declare this information in ADAMS.

For players not in the International Registered Testing Pool, the ITF will create an account in ADAMS and declare the Use on their behalf.