



INHALER REGISTRATION FORM

PART A

Application for Permission to use Beta 2 Agonist Inhalers

ATHLETE'S NAME _____

ADDRESS _____

EVENT(S) _____ DATE OF BIRTH _____

PRESCRIBING DOCTOR'S NAME _____

DOCTOR'S ADDRESS _____

I wish to apply for exemption from the rules banning the use of certain inhalers.

SIGNATURE _____ DATE _____

(Parent/Guardian/Carer if under 16)

TYPE OF INHALER _____

DOSE _____

DIAGNOSIS _____

EXPECTED DURATION OF TREATMENT _____

Please see other side

Data Protection

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



PART B

Permission to use Beta 2 Agonist Inhalers

ATHLETE'S NAME _____

ADDRESS _____

TYPE OF INHALER _____

Please return this form to:

*Anti Doping
UK Athletics
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 grant the above athlete permission to use _____

_____ by inhaler from _____

until _____

SIGNED _____

DATE _____