

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

TYPE OF INHALER

DOSE

DIAGNOSIS

EXPECTED DURATION OF TREATMENT

Please see other side

Our club website is : www.athleticsclubs.co.uk

PART B

Permission to use Beta 2 Agonist Inhalers

ATHLETE'S NAME

ADDRESS

TYPE OF INHALER

Please return this form to:

Dr Malcolm Brown,
UK Athletics Limited
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

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.

Our club website is : www.ukathletics.co.uk