

INTERNATIONAL SKATING UNION

MEDICAL NOTIFICATION FORM

This form is valid for one season only

This form should be completed and submitted to the ISU Medical Advisor or Official in charge of Doping Control before the competition begins.

Permitted Beta-2 agonists and a substances of Class 111 of the IOC list of doping classes and methods, must be reported to the doping control chairman in accordance with ISU Rule 139 para 9 (d) and the ISU Medical Code 1.2.3 par (c)

Competitor's Name : _____

Discipline:- _____

Accreditation/Passport Number : _____

Name of Substance(s) (Generic) including dosage and frequency:

Route and Date(s) of Administration : _____

DIAGNOSIS : _____

The undersigned confirms to have administered for medical reasons the above substance(s) to:

Name of Competitor:- _____

Team Physician / Skaters Doctor : Print Name : _____

Signature : _____

Date : _____

Date of submission to the ISU Medical Advisor / Official in charge Doping Control

Date _____ Time _____

June 2000