



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



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
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 _____