

# INTERNATIONAL SKATING UNION

## MEDICAL NOTIFICATION FORM

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

A permitted Beta-2 agonist and any substance of Class III of the IOC list of doping classes and methods, must be reported to the doping control chairman, in accordance with the ISU General Regulations, Rule 139, Para 9.d) and the ISU Medical Code 1.2.3 paragraph 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 having administered for medical reasons the above substance(s) to:

Name of Competitor: \_\_\_\_\_

Team Physician/Skater's Doctor: Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_ Time: \_\_\_\_\_