FIFA

For the Game. For the World.

DECLARATION OF USE

This form applies to Glucocorticosteroids used by non systemic routes:
intraarticular, periarticular, peritendinous, epidural, intradermal, inhaled*

(A TUE request is still required for oral, IV, IM or rectal routes)

1. PLAYER DETAILS

Surname: ______________________________

First name: ______________________ Date of birth: ______________

Member Association: ______________________________

2. MEDICAL INFORMATION

Diagnosis: ______________________________

Substance name: ______________________________

Dosage: ______________ Administration route: ______________

Date administered: ______________________________

* inhaled GCS must be declared on application for beta-2-agonist in asthma

3. PHYSICIAN CONTACT DETAILS

Surname:______________________ First name: ______________

Medical speciality: ______________________________

Address: ______________________________

Tel:______________________ Email: ______________

Player signature: ______________________ Date: ______________

Physician signature: ______________________ Date: ______________