



INHALER 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 send both parts of this form to
Dr Malcolm W Brown
UK Athletics
10 Harborne Road
Edgbaston
Birmingham
B15 3AA

Please enclose a stamped addressed envelope.



INHALER FORM

PART B

Permission to use beta 2 agonist inhalers

ATHLETE'S NAME _____

ADDRESS _____

TYPE OF INHALER _____

FOR OFFICIAL USE ONLY

I hereby grant the above athlete permission to use _____

_____ by inhaler from _____

until _____

SIGNED _____

DATE _____