



DECLARATION OF USE

This form applies to the following substances and methods:

- Glucocorticosteroids (GCS) administered by non-systemic routes
- Salbutamol (maximum 1600 mcg / 24 hours) and salmeterol by inhalation
- Platelet-derived preparations not administered by intramuscular route

A TUE is still required for GCS administered by oral, IV, IM or rectal routes, for all other beta-2 agonists, and for platelet-derived preparations administered by IM route

Please complete all sections. Please write in block capitals.

1. Player's details

Surname: _____ First names: _____

Nationality: _____

Date of birth (day/month/year) _____ / _____ / _____

Participating in which UEFA competition? _____

Name of club or national football association: _____

2. Medical information

Diagnosis: _____

Prohibited substance - generic name	Dose	Route of administration	Date of administration

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

3. Medical practitioner's details

Name: _____

Medical speciality: _____

Address: _____

Email: _____

Tel. work: _____ Fax: _____

(Please include country and area codes)

Medical practitioner's signature: _____ Date: _____

Player's signature: _____ Date: _____

***Please fax the completed form to UEFA at
+41 22 990 31 31 and keep a copy for your records.***

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