



## MEDICAL NOTIFICATION FORM

*(This Form should be completed in English only. Use a separate Form for each medication used. Please print)*

### Section A Notifying Club Information

Club Name: \_\_\_\_\_

Club ID Code: \_\_\_\_\_

### Section B Competitor Information

COMPETITOR'S NAME: \_\_\_\_\_

Male  Female

SPORT:  Swimming  Water Polo  Synchro  Diving  Open Water

### Section C Medication Usage Information

**A Permitted BETA-2 AGONIST and a Substance in Class III of the IOC List of Doping Classes and Methods have to be reported to the Bahamas Swimming Federation and/or FINA:-**

MEDICATION: \_\_\_\_\_

DOSAGE: \_\_\_\_\_

METHOD OF ADMINISTRATION:  By Mouth  Intramuscular  Intravenous

Intra-Articular  Subcutaneous  Topical  Inhalation

Other: \_\_\_\_\_

DATE OF ADMINISTRATION: \_\_\_\_\_

DURATION OF ADMINISTRATION: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

NAME AND ADDRESS OF PHYSICIAN: \_\_\_\_\_

Telephone(s): (\_\_\_\_\_) \_\_\_\_\_ Telefax (\_\_\_\_\_) \_\_\_\_\_

Registered Medical ID #: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This Form should be returned by the above-named Competitor to his/her Club Coach or Club Official.