



Form CR14.2(A)

## DECLARATION OF MEDICATIONS FORM

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

The following Competitor registered with **Bahamas Aquatics** has been given or used, the following Medications for the following circumstances: -

**COMPETITOR'S NAME:** \_\_\_\_\_ ☐ Male ☐ Female

**SPORT:** ☐ Swimming ☐ Water Polo ☐ Syncro ☐ Diving ☐ Open Water

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

**METHOD OF ADMINISTRATION:** ☐ Mouth ☐ Intramuscular ☐ Intravenous

☐ Intra-Articular ☐ Subcutaneous ☐ Topical ☐ Inhalation

☐ Other: \_\_\_\_\_

**APPROXIMATE DATE OF LAST USE** \_\_\_\_\_

**APPROXIMATE DURATION OF USE** \_\_\_\_\_:

**DIAGNOSIS FOR TREATMENT:** \_\_\_\_\_

**TREATING PHYSICIAN:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Telephone#** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Registered ID#** \_\_\_\_\_

**COMPETITOR'S SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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

This Form should be returned to the Secretary, Aquatics, at the address below not less than Three (3) months in advance of any regional or international competition or the National Championships.

**P.O. Box SS6166 Nassau, Bahamas Affiliated with FINA CCCAN and BOC.**