



Form CR14.2(B)

## 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 ☐ Syncro ☐ 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 must be reported to the Bahamas Aquatics 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# \_\_\_\_\_ Fax \_\_\_\_\_

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

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

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