



BAHAMAS AQUATICS FEDERATION

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 the Bahamas Aquatics Federation has been given, or used, the following medications for the following circumstances:-

COMPETITOR'S NAME: _____ ☐ Male ☐ Female

SPORT: ☐ Swimming ☐ Water Polo ☐ Synchro ☐ Diving ☐ Open Water

MEDICATION: _____

METHOD OF ADMINISTRATION: ☐ By 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(s): (____) _____

Telefax: (____) _____ Registered ID #: _____

COMPETITOR'S SIGNATURE: _____ **DATE:** _____

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____

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