

**MANDATORY APPLICATION FORM for an ATHLETE to INHALE a
PERMITTED BETA₂ AGONIST at the 2004 OLYMPIC GAMES**

(Please press TAB or use arrows to move to next point of data entry, or place cursor in square)

Name of Athlete:		NOC:	
Athlete ID No:		Event:	
Testing Institution & City:			
Date of Test (dd/mm/yy):		Beta ₂ agonist to be administered:	
Medical Officer Responsible for Report:		Phone No:	
Medical Officer Responsible for Athlete:		Photo ID Checked:	No
Childhood Asthma:	No	Age of Onset:	
Gender:	Male	Race:	Caucasian
		Height (cm):	
		Weight (kg):	
Current Daily Medications:			
Date Inhaled Corticosteroids Commenced (dd/mm/yy):			
Other medications in last 3 months:			
Known allergies by symptoms:			
Known allergies by skin tests:			

Challenge Test – Enter data ONLY beside test performed	Bronchodilator:	No
Laboratory Exercise (type):		Field Exercise (type):
Eucapnic Voluntary Hyperpnea:	No	Hypertonic Aerosol:
		No
	Methacholine:	No

Spirometry (BTPS)	Baseline Before challenge	% Predicted	Lowest value after challenge	Highest value Post Bronchodilator	% Predicted
FEV ₁ (L)					
FVC (L)					
FEV ₁ /VC %					
FEF ₂₅₋₇₅ (L/sec)					

Predicted Values used (e.g. ECCS/Quanjer et al 1993):	
Make & Model of Spirometer:	
	ATS Approved? No
Bronchodilator Given:	
Dose (mcg):	
Device:	
Bronchodilator Response (% increase in FEV ₁ from baseline as a % of baseline FEV ₁):	

Exercise or Eucapnic Voluntary Hyperpnea
$\% \text{ Fall FEV}_1 = \frac{(\text{Baseline FEV}_1 - \text{Lowest FEV}_1 \text{ after challenge})}{\text{Baseline FEV}_1} \times 100:$
Average Ventilation during test (L/min BTPS) if known:
Heart Rate (bpm):
Duration of test (min):
Inspired air temperature (°C):

Hypertonic Saline
PD ₁₅ FEV ₁ (mls):
Maximum % fall in FEV ₁ :
Rate of delivery (mls/min):

Methacholine
PD ₂₀ FEV ₁ (µg):
OR PD ₂₀ FEV ₁ (µmol):
OR PC ₂₀ FEV ₁ (mg/ml):
OR PC ₂₀ FEV ₁ (breath units):
Maximum % fall in FEV ₁ :

Additional Comments:

Electronic submission is preferred: patrick.schamasch@olympic.org

A separate form needs to be submitted for each provocation test performed.

Alternatively, the documents can be faxed to the IOC Medical Director on: + 41 21 621 6357