



NATIONAL INTEGRITY FRAMEWORK

MEDICAL DECLARATION OF NEED TO SELF-INJECT MEDICINE FOR DOCUMENTED CONDITION

Attention

_____ *(Insert name of NSO)*

Relevant Athlete/Relevant Personnel requires self-injection equipment (such as needles / syringes) for the treatment of a documented medical condition.

_____ *(Insert name of relevant athlete/relevant personnel)*

This requirement will continue until

_____ *(Insert date or 'ongoing')*

The Relevant Athlete/Relevant Personnel has been counselled to consider any anti-doping implications of the use of this medicine.

This declaration is solely for the purpose of the Relevant Athlete/Relevant Personnel carrying self-injection equipment in the sporting environment.

MEDICAL PRACTITIONER DETAILS

Name:

Provider Number:

Clinic Details:

Signature:

Date:

