

**MANDATORY APPLICATION FORM for an ATHLETE to INHALE a  
PERMITTED BETA<sub>2</sub> 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 <sub>2</sub> 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:			

<b>Challenge Test – Enter data ONLY beside test performed</b>	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 <sub>1</sub> (L)					
FVC (L)					
FEV <sub>1</sub> /VC %					
FEF <sub>25-75</sub> (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 <sub>1</sub> from baseline as a % of baseline FEV <sub>1</sub> ):	

**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 <sub>15</sub> FEV <sub>1</sub> (mls):		Maximum % fall in FEV <sub>1</sub> :		Rate of delivery (mls/min):	
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**Methacholine**

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

**Additional Comments:**

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**Electronic submission is preferred: [patrick.schamasch@olympic.org](mailto: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