



**KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION**  
*This is the only form to be accepted as current written documentation  
 concerning a player required to use an inhaler*  
**TRACK AND FIELD/CROSS COUNTRY MEDICAL REPORT FORM**  
*COPY AND RETAIN THIS FORM FOR FUTURE USE.*

*KHSAA Form XC120  
Rev. 10/10*

National Federation rules allow for the use of an inhaler in the area of a Track and Field or Cross Country meet, but only with the written permission of a physician. If an athlete is to be involved in Track and Field or Cross Country competition and must use an inhaler or have one available, this form must be completed and presented to the Referee during the pre-race meeting. This form should be duplicated as the officials have been instructed to keep this form on file in case of the need to produce the documentation at a later date.

\_\_\_\_\_ from \_\_\_\_\_  
 Competitor's Name (Print or Type) High School Name (Print or Type)

has been directed to use an inhaler (or have it available)

check one

- \_\_\_\_\_ 24 hours per day
- \_\_\_\_\_ During Competition (must be carried in hand or secured in protected location of uniform)
- \_\_\_\_\_ Up until the start of each race entered
- \_\_\_\_\_ Only in the team gathering location area within the confines of the event venue.

**OTHER PARTICIPATION COMMENTS AND RESTRICTIONS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician's Name (print or type) \_\_\_\_\_ Today's Date \_\_\_\_\_

*This form valid through the one year anniversary of the student's last athletic physical exam*

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