



INTERNATIONAL
OLYMPIC
COMMITTEE

IOC “No-Needle” Policy Games of the XXX Olympiad in London, 2012

The Olympic Games are “needle-free”. This shall not prevent the receiving of injections for necessary medical treatment.

It is the responsibility of each National Olympic Committee (“NOC”) to comply with this IOC “No-Needle” Policy and, in particular, to ensure that:

- (i) all appropriate steps are taken so that all injectable materials are stored in a central secured location, access to which is restricted to authorized medical personnel of the NOC delegation;
- (ii) all injections are medically justified and necessary; and
- (iii) whenever an athlete representing an NOC receives an injection – whether the injection is administered by a third party or by the athlete him/herself - during the period of the Games of the XXX Olympiad in London, 2012 (- i.e. from the date of the opening of the Olympic Village on 16 July 2012 to and including the date of the Closing Ceremony on 12 August 2012), the attached “Injection Declaration Form” is duly filled out and forwarded to the IOC Medical Director not later than noon the day following such injection.

Failure to so provide such “Injection Declaration Form” to the IOC Medical Director, as well as the use of injectable materials for medical treatment that is not necessary, shall be regarded as serious matters and may expose the NOC delegation, including the concerned athletes, to disciplinary action, additional testing and possible sanctions, as determined by the IOC Executive Board.

If the relevant NOC or International Federation also has rules in place regarding the subject matter dealt with herein, the rules of the relevant NOC or International Federation shall also apply. In the event of any conflict between such rules and the present Policy, during the period of the Games of the XXX Olympiad, the IOC Executive Board shall resolve the matter.

Lausanne, 12 June 2012

Medical and Scientific Department



INJECTION DECLARATION FORM
Games of the XXX Olympiad in London, 2012

ATHLETE	
Name of the athlete having received the injection:	
Representing National Olympic Committee of:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
INJECTION	
Material(s) Injected:	
Date of injection:	
MEDICAL JUSTIFICATION	
Diagnostic:	
Clinical History:	
Justification for injection:	
PERSON HAVING PERFORMED THE INJECTION	
Name of person having performed the injection:	
Specialty:	Licensed to practice in:
Signature of the person having performed the injection: <i>By my signature, I hereby confirm that the information in this form is true and accurate and that the injection was medically justified and necessary.</i>	
Signature: _____	Date: _____
Place: _____	
NOC TEAM DOCTOR CONFIRMATION OF THE ABOVE (if injection not made by the NOC Team Doctor)	
Name of NOC Team Doctor:	
Signatures of NOC Team Doctor:	
Signature: _____	Date: _____
Place: _____	