

Therapeutic Use Exemption (TUEs) Application Form

Please complete all section in English in capital letters or typing. Athlete to complete sections 1, 5, 6 and 7; physician to complete sections 2, 3 and 4. Illegible or incomplete applications will be returned and will need to be re-submitted in legible and complete form

1. ATHLETE INFORMATION

Surname: Given Names:
 Date of Birth: Male/Female:
 Address: City:
 Country: Postcode:
 Telephone: Email:
 Sport: Discipline/position

Indicate impairment and impairment class:

National Sport Organisation:

Next competition and date:

2. MEDICAL INFORMATION

Diagnosis with sufficient medical information:

If a permitted medication can be used to treat the medical condition, provide clinical justification for the requested use of prohibited medication:

3. MEDICATION DETAILS

Prohibited substance(s) GENERIC NAME	Dose	Route	Frequency	Duration of treatment
1				
2				
3				

4. MEDICAL PRACTITIONER'S DECLARATION

I certify that the information at sections 2 and 3 above is accurate, and that the abovementioned treatment is medically appropriate.

Name: _____

Medical Speciality: _____

Address: _____

Tel: _____ Email: _____

Signature of medical practitioner: _____ Date: _____

5. RETROACTIVE APPLICATION

<p>Is this a retroactive application?</p> <p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p> <p>If yes, on what date was treatment started?</p> <p>_____</p> <p>_____</p>	<p>Please indicate reason:</p> <p>Emergency treatment or treatment of an acute medical condition was necessary <input type="checkbox"/></p> <p>Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection <input type="checkbox"/></p> <p>Advance application not required under applicable rules <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Please explain:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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6. PREVIOUS APPLICATIONS

Have you submitted any previous TUE application(s)?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
For which substance or method?	

To whom? _____	When? _____
Decision: Approved <input type="checkbox"/> Not approved <input type="checkbox"/>	

7. ATHLETES DECLARATION

I, certify that the information set out at sections 1, 5 and 6 is accurate. I authorise the release of personal medical information to IWAS as well as to WADA authorised staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other Anti-Doping Organisation (ADOs) TUECs and authorised staff that may have a right to this information under the World Anti-Doping Code ("Code") and/or the International Standard for Therapeutic Use Exemptions.

I consent to my physician(s) releasing to the above persons any health information that they deem necessary in order to consider and determine my application.

I understand that my information will only be used for evaluating my TUE request and in the context of potential anti-doping rule violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my health information; (2) exercise my right of access and correction; or (3) revoke the right of these organisations to obtain my health information, I must notify my medical practitioner and my ADO in writing of that fact. I understand and agree that it may be necessary for TUE-related information submitted prior to revoking my consent to be retained for the sole purpose of establishing a possible anti-doping rule violation, where this is required by the Code.

I consent to the decision on this application being made available to all ADOs, or other organizations, with Testing authority and/or results management authority over me.

I understand and accept that the recipients of my information and of the decision on this application may be located outside the country where I reside. In some of these countries data protection and privacy laws may not be equivalent to those in my country of residence.

I understand that if I believe that my personal information is not used in conformity with this consent and the International Standard for the Protection of Privacy and Personal Information I can file a complaint to WADA or CAS

Athlete's
signature: _____ Date: _____

Parent /
Guardian's
signature: _____ Date: _____

(If the athlete is a minor or has a disability preventing him/her to sign this form, a parent or guardian shall sign together with or on behalf of the athlete)

NOTE

Note 1:	Diagnosis Evidence confirming the diagnosis shall be attached and forwarded with this application. The medical evidence should include a comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies. Copies of the original reports or letters should be included when possible. Evidence should be as objective as possible in the clinical circumstances and in the case of non-demonstrable conditions independent supporting medical opinion will assist this application.
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Incomplete Applications will be returned and will need to be resubmitted.

Please submit the completed form to IWAS by email to anti-doping@iwasf.com (keeping a copy for your records)

The application must include a comprehensive medical history and the results of all examinations, laboratory investigations and imaging studies relevant to the application.

The minimal requirements for the medical file to be used for the TUE process in the case of asthma and its clinical variants must be fulfilled.

