

# Federation Internationale de Bobsleigh et de Tobogganing

## Therapeutic Use Exemptions Standard Application Form

I apply for approval from FIBT Medical Committee for the therapeutic use of a prohibited substance on the WADA List of Prohibited Substances and Prohibited Methods.

Please complete all sections

### 1. Athlete Information

Surname: ..... Given Names:.....

Female  Male  (tick appropriate box)

Address: . .....

City: ..... Country: ..... Postcode: . .....

Date of Birth (d/m/y): ..

Tel. Work: ..... Tel. Home: ..... Mobile: .....

E-mail: ..... Fax: .....

Sport: ..... Discipline/Position: .....

National Sporting Organization: .....

### 2. Notifying medical practitioner

Name, qualifications and medical speciality (see note 1):  
.....  
.....

Address: .....  
..... E-mail address: .....

Tel. Work: ..... Tel. Home:.....

Mobile: ..... Fax: .....

\*Diagnosis (see note 2): .....  
.....

Has the national sporting organisation Chief Medical Officer been notified of this request? Yes:  No:

Name of NSO's Chief Medical Officer (see note 3): .....

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### 3. Medication details (see note 4)

Prohibited Substance(s):	Dose of administration	Route of administration	Frequency of administration
1.			
2.			
3.			

<b>Anticipated duration of this medication plan</b>	
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Previous / Current TUE request(s):  yes  no

If yes: Date: .....

Anti-Doping Organization:

Result (attach previous TUE(s)):

If appropriate, reasons for not prescribing alternative therapies (see note 5): .....

.....

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### 4. Please note additional information and attach sufficient medical information to substantiate the diagnosis and the necessity to use a prohibited substance:

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**5. Medical practitioner's and athlete's declaration**

I, ..... certify the above-mentioned substance/s for the above-named athlete has been/are to be administered as the correct treatment for the above-named medical condition.

**Signature of Medical Practitioner:** ..... **Date:** .....

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### 6. Notes:

<b>Note 1</b>	<i>Name, in which country do you practice, medical qualifications and specialty</i> Dr. M Jones, Specialist in Respiratory Medicine,
<b>Note 2</b>	Diagnosis <i>Evidence confirming the diagnosis must 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.</i>
<b>Note 3</b>	NSO Chief Medical Officer <i>Where possible the Chief Medical Officer (CMO) of the sport involved should be notified of the application to the Anti-Doping Organization. When appropriate, the application should include a statement by the Medical Officer of the Athlete's national sport governing body, attesting to the necessity of the otherwise Prohibited Substance or Prohibited Method in the treatment of the athlete.</i>
<b>Note 4</b>	Medication details <i>Provide details concerning all prohibited substances or methods for which approval is sought. Use generic names (INN) and specify medication dose.</i>
<b>Note 5</b>	<i>If a permitted medication can be used in the treatment of the athlete's medical condition, please provide clinical justification for the requested use of the prohibited medication.</i>

***Incomplete Applications will be returned and will need to be resubmitted.***

Please submit the completed form to the FIBT Medical Committee and keep a copy of the completed form for your records.

Please send to :

FIBT Medical Committee President:

Dr. David McDonagh, Hansbakken Gård, Ranheimsvn 230A, N 7054 RANHEIM, Norway.

Tel.: +47.917 67-771 Fax: + 47 73 98 28 89

e-mail: [david.mcdonagh@broadpark.no](mailto:david.mcdonagh@broadpark.no)