

# Therapeutic Use Exemptions (TUEs) Application Form

Please complete all sections in capital letters or typing

## 1. Athlete Information

Surname: .....	Given Names: .....
Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of Birth (d/m/y): .....
Address: .....	
City: .....	Country: ..... Postcode: .....
Tel.: .....	E-mail: .....
<i>(with international code)</i>	
Sport: .....	Discipline/Position: .....
International or National Sport Organization: .....	
If athlete with disability, indicate disability and class: .....	

## 2. Medical information

<b>Diagnosis with sufficient medical information</b> (see note 1): ..... ..... ..... .....
<b>If a permitted medication can be used to treat the medical condition, provide clinical justification for the requested use of the prohibited medication.</b> ..... ..... .....

### 3. Medication details

Prohibited substance(s): <u>Generic name</u>	Dose	Route	Frequency
1.			
2.			
3.			

<b>Intended duration of treatment:</b> <i>(Please tick appropriate box)</i>	once only <input type="checkbox"/> date:..../..../....	emergency <input type="checkbox"/>
	or duration (week/month): .....	

<b>Have you submitted any previous TUE application:</b> yes <input type="checkbox"/> no <input type="checkbox"/>
For which substance? .....
To whom? .....When? .....
Decision:    Approved <input type="checkbox"/> Not approved <input type="checkbox"/>

### 4. Medical practitioner's declaration

**I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medication not on the prohibited list would be unsatisfactory for this condition.**

**Name:** .....

**Medical speciality:** .....

**Address:** .....

**Tel.:** .....                      **Fax:** .....

**E-mail:** .....

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

## 5. Athlete's declaration

I, ..... certify that the information under 1. is accurate and that I am requesting approval to use a Substance or Method from the WADA Prohibited List. I authorize the release of personal medical information to the Anti-Doping Organization (ADO) as well as to WADA staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO under the provisions of the Code. I understand that if I ever wish to revoke the right of these organizations to obtain my health information on my behalf, I must notify my medical practitioner and my ADO in writing of that fact.

Athlete's signature: ..... Date: .....

Parent's / 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)

## 6. Note:

### **Note 1** Diagnosis

*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.*

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

Please submit the completed form to the ADO and keep 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.**



*Preserving the integrity of competition. Inspiring true sport. Protecting the rights of U.S. athletes.*

## ADDITIONAL QUESTIONS - USADA TUE

Please complete the questions below so the USADA TUE Staff may accurately determine which organization (USADA or International Federation (IF)) should process your application. If it is determined the IF should process your application, USADA will forward your documents to the IF TUE team. USADA will act as your liaison throughout the TUE Process.

<b>Last Name:</b>	<b>First Name:</b>
<b>Sport:</b>	<b>Discipline:</b>
<b>NGB/IF:</b>	<b>NGB/IF Membership #:</b>

**If you would like to nominate someone else to speak to USADA on your behalf regarding this TUE Application, please list their name(s) and contact information here:**

<b>Name(s):</b>	<b>Relationship:</b>
<b>Email:</b>	

### Competition Level Questions

Are you now, or have you ever been, in a Registered Testing Pool (RTP) for any IF or USADA? (A formal notification is sent to athletes in a RTP requiring them to also submit whereabouts information.)	Yes	No
Have you ever competed in any event sanctioned by an IF, the IOC, IPC, or USOC (i.e. Olympics, Paralympics, Pan-American Games, etc.)? If yes, please provide event details below:	Yes	No
Have you ever competed in, plan on competing in, or qualified for any open-elite or professional-level national championships? If yes, please provide event details below:	Yes	No
Do you receive USOC funding?	Yes	No
Have you ever tested positive for any substance for which you did not have a valid TUE?	Yes	No

### Competition Schedule

Please list any upcoming National/International Events you intend to compete in.  
PLEASE INCLUDE SPECIFIC DATES AND EVENT NAMES.

Competition Name	Dates of Competition	Sanctioning Body (Name of NGB or IF)

Do the results of any of the competitions listed potentially qualify you for immediate selection to represent the US on a National Team for an Olympic, Paralympic, Pan or Para-Pan American Games (including the Youth Olympic Games)?	Yes	No
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