



UNITED WORLD  
WRESTLING

## Therapeutic Use Exemption – TUE Application Form

**Please complete all sections in capital letters or typing**

Illegible or incomplete applications will be returned and will need to be re-submitted in legible and complete form.

- **Athlete** to complete sections 1, 5, 6 and 7
- **Physician** to complete sections 2, 3 and 4.

### 1. Athlete Information

<b>First Name:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Nationality:</b>
<b>Last Name:</b>	<b>Discipline (GR/FS/FW):</b>	<b>Weight category:</b>
<b>Address:</b>	<b>Postcode:</b>	<b>City:</b>
	<b>Country:</b>	
<b>Date of birth (day/month/year):</b>	<b>Phone:</b>	
<b>Email:</b>		
<b>Are you participating in an international competition on <a href="#">UWW's Official Calendar</a>?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Name of competition:.....		

## 2. Medical Information

**Diagnosis:**

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

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**Note: Diagnosis**

Evidence confirming the diagnosis shall be attached and forwarded with this application. The medical evidence must 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. In the case of non-demonstrable conditions, independent supporting medical opinion will assist this application.

## 3. Medication details

Specific name of drug	Prohibited substance	Dose	Route of administration	Frequency	Duration of treatment
1.					
2.					
3.					

#### 4. Medical practitioner's declaration

I certify that the information at section 2 and 3 above is accurate and that the above-mentioned treatment is medically appropriate.

Name: .....

Medical speciality: .....

Address: .....

Tel.: .....

E-mail: .....

Date.....

Signature of Medical Practitioner

#### 5. Retroactive applications

Is it a retroactive application? Yes  No

If yes, on what date was treatment started?.....

**Please indicate reason:**

- Emergency treatment or treatment of an acute medical condition was necessary
- Due to other exceptional circumstances, there was insufficient time or opportunity to submit an Application prior to sample collection
- Advance application not required under applicable rules
- Other

Please explain:.....

.....  
.....  
.....  
.....  
.....

## 6. Previous applications

Have you submitted any previous application? Yes  No

For which substance or method ?.....

To whom? .....

When? .....

**Decision:**

Approved

Not approved

## 7. Athlete's declaration

I, ....., certify that the information set out at sections 1, 5 and 6 is accurate. I authorize the release of personal medical information to the Anti-Doping Organization (ADO) as well as to WADA authorized staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO TUECs and authorized 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 organizations 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.

**Date:** .....

**Athlete's signature:**

**Parent's/Guardian's signature:**

**Please submit the completed form by email to [carlos@unitedworldwrestling.org](mailto:carlos@unitedworldwrestling.org) and keep a copy for your records.**

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



*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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