



## Therapeutic Use Exemptions - TUE

### What is a Therapeutic Use Exemption (TUE)?

Athletes, like all others, may have illnesses or conditions that require them to take particular medications. If the medication an athlete is required to take to treat an illness or condition happens to fall under the Prohibited List, a Therapeutic Use Exemption TUE may give that athlete the authorization to take the needed medicine.

For more information, please visit: [www.wada-ama.org/](http://www.wada-ama.org/)

Please complete all sections in capital letters or typing. Incomplete Applications will be returned and will need to be resubmitted. Please submit the completed form to the ISA and keep a copy for your records.

### 1. Athlete Information

Surname: ..... Given Name:.....

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

Address: .....

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

Tel (with international code): .....

E-mail: .....

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

International or National Sport Organization: .....

If athlete with disability, indicate disability: .....

### 2. Medical information

**Diagnosis with sufficient medical information** (see note 1):

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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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**3. Medication details**

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

Intended duration of treatment: (Please tick appropriate box)	once only <input type="checkbox"/> emergency <input type="checkbox"/> or duration (week/month): .....
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<p>Have you submitted any previous TUE application: yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>For which substance? .....</p> <p>To whom?..... When?.....</p> <p>Decision: Approved <input type="checkbox"/> Not approved <input type="checkbox"/></p>
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**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	<p>Diagnosis</p> <p>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.</p>
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