

**THERAPEUTIC USE EXEMPTIONS (TUE)  
APPLICATION FORM**

Application n°: \_\_\_\_\_  
(for FIA internal use)

Please complete all sections 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: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Female  Male  (tick the appropriate box) Date of birth (dd.mm.yyyy): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Tel. (with International code): \_\_\_\_\_ E-mail: \_\_\_\_\_

Sport: \_\_\_\_\_ Discipline/Position: \_\_\_\_\_

National sporting authority (ASN): \_\_\_\_\_

Please tick the appropriate box(es):

I am part of the FIA Registered Testing Pool.

I am part of a National Anti-Doping Organisation Testing Pool.

I am taking part in a competition registered on the FIA International Sporting Calendar (available on [www.fia.com/sports/calendars](http://www.fia.com/sports/calendars)).

If yes, which competition: \_\_\_\_\_

If you are an Athlete with an impairment, please indicate impairment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the doctor in charge at the ASN that issued the athlete's licence been informed of this application?

Yes:  No:

Name of the doctor in charge at the ASN: \_\_\_\_\_

## 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, if possible written in or translated into English or French, shall be attached and forwarded with this application. The medical evidence must include a comprehensive medical history with a description of how the disease/disorder/injury has been managed over time, and the results of all relevant examinations, laboratory investigations and imaging studies. Copies of all the original reports or letters shall be included where possible. Evidence should be as objective as possible in the clinical circumstances and, in the case of non-demonstrable conditions, an independent medical opinion shall be attached in support of this application.*

## 3. Medication details and/or methods

Prohibited substance(s) (Generic name)	Dose	Route of administration	Frequency	Duration of Treatment
1.				
2.				
3.				

Prohibited method(s) (name and details): \_\_\_\_\_

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#### 4. Medical practitioner's declaration

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

Name: \_\_\_\_\_

Medical speciality: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. (with international code): \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature of the medical practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

#### 5. Retroactive applications

<p><b>Is this a retroactive application?</b></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><b>Please indicate reason:</b></p> <ul style="list-style-type: none"><li>• Emergency treatment or treatment of an acute medical condition was necessary <input type="checkbox"/></li><li>• Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection <input type="checkbox"/></li></ul> <p>Please explain:</p> <p>_____</p> <p>_____</p> <p>_____</p> <ul style="list-style-type: none"><li>• Advance application not required under applicable rules <input type="checkbox"/></li><li>• Other <input type="checkbox"/></li></ul> <p>Please explain:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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#### 6. Previous applications

<p>Have you submitted any previous TUE application(s)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>For which substance or method? _____</p> <p>To which anti-doping organisation? _____ Date: _____</p> <p>Decision of the anti-doping organisation: Approved <input type="checkbox"/> Not approved <input type="checkbox"/></p>
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## 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.

**Signature of the athlete:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of the athlete's parent or guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(If the Athlete is a Minor or has an impairment preventing him/her from signing this form, a parent or guardian shall sign together with or on behalf of the athlete.)*

**Please submit the duly completed form to the following email address:**

[tue@fia.com](mailto:tue@fia.com)

**and keep a copy for your own records.**