



THERAPEUTIC USE EXEMPTION (TUE) APPLICATION FORM

Please type your answers and manually sign the form.

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

Date of birth (DD.MM.YYYY)

Height

Weight

Address

City

Postcode

Country

Telephone

Email

Please include the international dialling code.

Sport

Discipline/Position

National sporting authority (ASN)

Please check 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 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

2. MEDICAL INFORMATION

Diagnosis

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

COMMENT

Evidence confirming the diagnosis shall be attached and forwarded with this application. The medical information 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.

WADA maintains a series of guidelines to assist physicians in the preparation of complete and thorough TUE applications. These TUE Physician Guidelines can be accessed by entering the search term "Medical Information" on the WADA website: wada-ama.org. The guidelines address the diagnosis and treatment of a number of medical conditions commonly affecting athletes, and requiring treatment with prohibited substances.

3. MEDICATION DETAILS AND/OR METHODS

Prohibited substance(s) 1

Generic name

Dose

Route of administration

Frequency

Duration of Treatment

Prohibited substance(s) 2

Generic name

Dose

Route of administration

Frequency

Duration of Treatment

Prohibited substance(s) 3

Generic name

Dose

Route of administration

Frequency

Duration of Treatment

Prohibited method(s) (name and details)

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.

Full name

Medical speciality

Address

Telephone

Please include the international dialling code.

Fax

Please include the international dialling code.

Email

Date (DD.MM.YYYY)

Signature

5. RETROACTIVE APPLICATIONS

Is this a retroactive application?

Yes

No

If yes, on what date was treatment started?

(DD.MM.YYYY)

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

Fairness (WADA and FIA approval required)

Please explain

6. PREVIOUS APPLICATIONS

Have you submitted any previous TUE application(s)?

Yes

No

For which substance or method?

To which anti-doping organisation?

Date (DD.MM.YYYY)

Decision of the anti-doping organisation

Approved

Not approved

7. ATHLETE'S DECLARATION

Athlete's Full Name

I, certify that the information set out at sections 1, 5 and 6 is accurate. I authorise the release of personal medical information to the relevant Anti-Doping Organization (ADO) as well as to WADA authorised staff, to the **WADA TUEC (Therapeutic Use Exemption Committee)** and to other ADO TUECs and authorised 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. These people are subject to a professional or contractual confidentiality obligation.

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 any rights I may have, such as my right of access, rectification, restriction, opposition, or deletion; 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 purpose of investigations or proceedings related to a possible anti-doping rule violation, where this is required by the Code, International Standards, or national anti-doping laws; or to establish, exercise or defend a legal claim involving me, WADA, and/or an ADO.

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 my information may be stored in ADAMS, which is hosted by WADA on servers based in Canada, and will be retained for the duration as indicated in the WADA International Standard for the Protection of Privacy and Personal Information (ISPPPI).

I understand that if I believe that my **Personal Information** is not used in conformity with this consent and the ISPPPI, I can file a complaint to WADA (privacy@wada-ama.org), or my national regulator responsible for data protection in my country.

I understand that the entities mentioned above may rely on and be subject to national anti-doping laws that override my consent or other applicable laws that may require information to be disclosed to local courts, law enforcement, or other public authorities. I can obtain more information on national anti-doping laws from my International Federation or National Anti-Doping Agency.

The athlete

Date (DD.MM.YYYY)

Signature

The athlete 's parent or guardian

Date (DD.MM.YYYY)

Signature

(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.)

SAVE FORM

Please send the completed form to tue@fia.com
And keep a copy for your own records.