

Therapeutic Use Exemptions

APPLICATION FORM



Please complete all sections in capital letters or typing. Illegible or incomplete forms will be returned immediately.

1. Athlete Information

Last Name:	First Name:
Female <input type="checkbox"/> Male <input type="checkbox"/> .	Date of Birth (dd/mm/yy):.....
Address:	
Post Code:	City: Country:
Tel.: E-mail:	
<i>(with international code)</i>	
Sport: Discipline:	
International Sport Organization: FINA	

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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Note 1	<p><u>Diagnosis</u> <i>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; in the case of non-demonstrable conditions independent, supporting medical opinion will assist this application.</i></p> <p><i>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: https://www.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.</i></p>
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3. Medication details

Prohibited Substance (s): Generic Name	Dose	Route of Administratio	Frequency	Duration of treatment
1.				
2.				
3.				

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 specialty:

Address:.....
.....
.....

Tel.: Fax.:

Email:

Signature of the Medical Practitioner: _____ Date: _____

5. Retroactive Applications

<p>Is this a retroactive application?</p> <p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p> <p>If yes, on what date was treatment started?</p>	<p>Please indicate reason:</p> <p>Emergency treatment or treatment of an acute medical condition was necessary <input type="checkbox"/></p> <p>Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection <input type="checkbox"/></p> <p>Advance application not required under applicable rules <input type="checkbox"/></p> <p>Other <input type="checkbox"/> Please explain:</p>
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6. Previous applications

Have you submitted any previous TUE application: yes no

For which substance/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 FINA 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 FINA 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.

RELEASE

I hereby release WADA as well as ADOs and TUE Committees from all claims, demands, liabilities, damages, costs and expenses that I may have arising in connection with the processing of my TUE related data through ADAMS.

WITHDRAWAL OF CONSENT

If I have decided to use ADAMS, I understand that I may at any time revoke my consent for the processing of my TUE related data through ADAMS. I also understand that as a consequence of such withdrawal of consent, I will not receive approval for a TUE or a renewal of an existing TUE.

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)

Incomplete Applications will be returned immediately and will need to be resubmitted. Please submit the completed form to FINA (antidoping@fina.org) and keep a copy for your records.