

Therapeutic Use Exemptions Abbreviated Process

(beta-2 agonists by inhalation, glucocorticosteroids by non-systemic routes)

I apply for approval from (Anti-Doping Organization) for the therapeutic use of a prohibited substance on the WADA List of Prohibited Substances and Prohibited Methods that is subject to the Abbreviated Therapeutic Use Exemption Application Process.

Please complete all sections

1. Athlete Information

Surname:		Given Names:	
Female <input type="checkbox"/> Male <input type="checkbox"/> (tick appropriate box)		Date of Birth (d/m/y):	
Address:			
City:		Country:	Postcode:
Tel. Work:		Tel. Home:	Mobile:
E-mail:		Fax:	
Sport:		Discipline/Position:	
National Sporting Organization:			
If athlete with disability, indicate disability:			

2. Notifying medical practitioner

Name, qualifications and medical speciality (<i>see note 1</i>):	
Address:	
E-mail address:	
Tel. Work:	Tel. Home:
Mobile:	Fax:

3. Medical information

Diagnosis:
Medical examination(s)/test(s) performed:

Prohibited substance(s):	Dose of administration	Route of administration	Frequency of administration
Anticipated duration of this medication plan			

Additional information

4. Medical practitioner's and athlete's declaration

I, certify the above-mentioned substance/s for the above named athlete has been/are to be administered as the correct treatment for the above named medical condition. I further certify that the use of alternative medications not on the Prohibited List would be unsatisfactory for the treatment of the above named medical condition. Specify reasons:

Signature of Medical Practitioner: Date:

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 as well as to WADA staff and to the WADA TUEC (Therapeutic Use Exemption Committee) as well as to other Anti-Doping Organizations under the provisions of the Code. I understand that if I ever wish to revoke the right of the Anti-Doping Organization TUEC or WADA TUEC to obtain my health information on my behalf, I must notify my medical practitioner 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)