

# Therapeutic Use Exemptions



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  Male  . Date of Birth (dd/mm/yy):.....

Address: .....

Post Code: ..... City: ..... Country: .....

Tel.: ..... E-mail: .....  
*(with international code)*

Sport: ..... Discipline: .....

International Sport Organization: **FINA**

## 2. Medical information

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

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<b>Note 1</b>	<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>
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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): Generic Name	Dose	Route	Frequency

<b>Intended duration of treatment:</b> (Please tick appropriate box)	once only <input type="checkbox"/>	emergency <input type="checkbox"/>
	or duration (week/month): .....	

**Have you submitted any previous TUE application:**    yes     no

For which substance?.....

To whom?.....When?.....

Decision:    Approved             Not approved

**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. 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 relevant parties only i.e. to FINA 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 FINA in writing of that fact. I also understand that if I withdraw my consent to the release of my personal medical information, I may not receive approval for a TUE or the renewal of an existing TUE, since no TUE can be granted or renewed without the disclosure of comprehensive medical data.

I AM AWARE THAT AN APPLICATION FOR A TUE REQUIRES THE PROCESSING (FOR EXAMPLE TRANSMISSION, DISCLOSURE, USE AND STORAGE) OF ALL DATA PERTAINING TO SUCH APPLICATION THROUGH THE ANTIDOPING ADMINISTRATION AND MANAGEMENT SYSTEM (ADAMS) TO ENSURE HARMONIZED, COORDINATED AND EFFECTIVE ANTI-DOPING PROGRAMS FOR DETECTION, DETERRENCE AND PREVENTION OF DOPING. SIGNING THIS FORM WILL INDICATE THAT I HAVE BEEN SO INFORMED AND THAT I GIVE MY EXPRESS CONSENT TO SUCH PROCESSING OF DATA.

**Application No.:**

If I decide to use ADAMS, I understand and agree that my application for a TUE will only be considered following the submission in ADAMS, by myself or by FINA, of the present completed application form, as well as all relevant documents related to the application.

I understand and agree that my TUE related data will be made accessible through ADAMS to the authorized ADO, to WADA and to the Therapeutic Use Exemption Committee.

I understand and agree that if a TUE is granted, such TUE and the related information will be stored electronically in ADAMS for a minimum period of 8 years, the period of 8 years being the period within which an action can be commenced following a violation of an anti-doping rule contained in the Code.

WADA, Anti-Doping Organizations and Therapeutic Use Exemption Committees will not disclose any of my TUE related information beyond those persons within their organization with a need to know according to the Code.

**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)

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**Incomplete Applications will be returned immediately and will need to be resubmitted. Please submit the completed form to FINA and keep a copy for your records.**