Appendix A **Application No.:**

Therapeutic Use Exemptions
Standard Application Form

I apply for approval from the Medical Commission for the therapeutic use of a prohibited substance on the WADA List of Prohibited Substances and Prohibited Methods.

Please complete all sections

1. Competitors Information

Surname: ..... GivenNames: .....

Female ❑ Male ❑ *(tick appropriate box)*

Address: .....

City: ..... Country: .....

Date of Birth (d/m/y): .....

Tel. Work: ..... Tel. Home: ..... Mobile: .....

E-mail: ..... Fax: .....

National Bridge Organization:

If Competitor with disability, indicate disability: .....

2. Notifying medical practitioner

Name, qualifications and medical speciality *(see note 1)*: .....

.....

.....

Address: .....

..... E-mail address: .....

Tel. Work: ..... Tel. Home: .....

Mobile: ..... Fax: .....

*Diagnosis: .....

.....

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3. Medication details (*see note 4)*

Prohibited Substance (s):	Dose of administration	Route of administration	Frequency of administration
1.			
2.			
3.			
4.			

Anticipated duration of this medication plan	

Previous / Current TUE request(s): ❑ yes ❑ no

If yes: Date: ……

Anti-Doping Organization:

Result (*attach previous TUE(s)):*

If appropriate, reasons for not prescribing alternative therapies: ……

……

……

……

4. Please note additional information and attach sufficient medical information to substantiate the diagnosis and the necessity to use a prohibited substance:

……

……

……

……

Application No.:

5. Medical practitioner's and competitors

I, …… certify the above-mentioned substance/s for the above-named competitor has been/are to be administered as the correct treatment for the above-named medical condition.

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) 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.

Competitor's signature: …… **Date:** ……

Application No.:

6. TUEC Decision (*for office use only)*

Date Received:

Application Complete:	❑ **yes**	❑ **no**

Office Notes: ……
……..
……..
……..

Name of TUEC Representative(s): ……
Signature(s): ……
……
Date: ……