



**WMA Therapeutic Use Exemptions**

**Standard Application Form [International]**

*I hereby apply for approval for the therapeutic use of a prohibited substance or prohibited method on the IAAF Prohibited List*

**Please complete all sections**  
[PRINT information legibly using BLOCK capitals]

**1. Athlete information**

First Name: .....	Last Name: .....	
Female <input type="checkbox"/> Male <input type="checkbox"/> (tick appropriate box)	Event: .....	
Address: .....		
City: .....	Country: .....	
Post Code: .....	e-mail: .....	
Tel. Work: .....	Tel. Home: .....	Mobile: .....
Date of birth (d/m/y): .....		
National Federation: .....		

**2. Notifying medical practitioner**

Name, qualifications and medical speciality (see Note 1): .....		
.....		
.....		
Address: .....		
City: .....	State/Province: .....	Country: .....
Post Code: .....	e-mail: .....	
Tel. Work: .....	Tel. Home: .....	
Mobile: .....	Fax: .....	

**3. Medical information**

Diagnosis (see Note 2): .....

.....

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

.....

.....

Has the athlete's National Federation Team Doctor been notified of this application?

Yes:  No:

Name of National Federation's Team Doctor (see Note 3): .....

**4. Medication details**

Prohibited medication (see Note 4): Commercial name/Generic name e.g: Humuline©/Insulin	Dose of Administration:	Route of Administration:	Frequency of Administration:
1.			
2.			
3.			

Anticipated duration of this Medication plan (see Note 5):	
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**5. Additional information**

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.....

.....

<p>Previous TUE request(s) <input type="checkbox"/> yes <input type="checkbox"/> no (tick appropriate box)</p> <p>If yes: Date: .....</p> <p>Organisation (to whom TUE application was sent) .....</p> <p>Result (attach previous TUE(s) where applicable) .....</p>
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**6. Medical practitioner’s declaration**

I, ..... certify that the above-mentioned medication(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 IAAF Prohibited List would be unsatisfactory for the treatment of the above-named medical condition (see Note 6).

Specify reasons: .....

.....

.....

**Signature of Medical Practitioner:** ..... **Date:** .....

**7. Athlete’s declaration**

I, ..... certify that the information in section 1 above is accurate and that I am requesting for approval to use a prohibited substance or prohibited method in the IAAF Prohibited List. I authorize the release of my personal medical information to the members of the IAAF Therapeutic Use Exemption Sub-Commission (IAAF TUESC), as well as to any other relevant persons (including, where applicable, WADA or IOC staff and/or members of the WADA or IOC Therapeutic Use Exemption Committees) who may be involved in the management, review or administration of my application in accordance with the IAAF Procedural Guidelines. I understand that, if I ever wish to revoke the right of the IAAF TUESC to obtain any health information on my behalf, I must notify my medical practitioner in writing of the fact. As a consequence of such a decision, I understand that I will not receive approval for a TUE (or renewal of an existing TUE).

I further authorise for the decision of the IAAF TUESC to be notified to other relevant organisations in accordance with IAAF Rule 34.5.

**Athlete’s signature:** ..... **Date:** .....

**Parent’s/Guardian’s signature:** ..... **Date:** .....

*(if the athlete is a minor, a parent or guardian shall sign together with or on behalf of the athlete)*

**Notes:**

<b>Note 1</b>	<u>Name, qualifications and medical specialty</u> For example: Dr AB Cook, MD FRACP, Gastro-enterologist. Dr JA Gonzalez, MBBS, FACSM, Sports Physician
<b>Note 2</b>	<u>Diagnosis</u> Evidence confirming the diagnosis must be attached and forwarded with this application. The medical evidence should include clinical history, examination, investigations or specialist medical reports. Copies of original reports or letters should be included when possible. Evidence should be as objective as possible in the clinical circumstances and, in the case of non-demonstrable conditions, independent supporting medical opinion will assist this application.
<b>Note 3</b>	<u>National Federation Team Doctor</u> Whenever possible, the National Federation Team Doctor should be notified of the application and the application should include a statement by the Team Doctor attesting to the necessity of the otherwise prohibited substance or prohibited method in the treatment of the athlete.
<b>Note 4</b>	<u>Medication details</u> Provide details concerning all medications or treatments that have been tried. Provide both the commercial and generic name (INN) of the medication and specify the medication dose, the route of administration and the frequency of administration.
<b>Note 5</b>	<u>Change of Prescription</u> Note that a new TUE application is required for any change in prescription
<b>Note 6</b>	If a permitted medication can be used in the treatment of the athlete's medical condition, please provide clinical justification for the requested use of the prohibited medication.

**WARNING: Incomplete Applications will be returned and will need to be re-submitted.**

Please submit the completed form to the WMA Anti-Doping Officer (see contact details below) and keep a copy of the form for your records:

Dr. Pier Luigi Fiorella  
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40068 San Lazzaro (Bologna)  
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Mobile: + 39 33553006998  
Fax: +39 051452187

If there are further questions arising from this Form or regarding the relevant procedures for standard applications for TUEs on an international level, please contact Dr. Pier Luigi Fiorella at [pierluigi.fiorella@tin.it](mailto:pierluigi.fiorella@tin.it) (e-mail).