



Therapeutic Use Exemptions 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 <input type="checkbox"/> Male <input type="checkbox"/> (<i>tick appropriate box</i>) | |
| 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 (<i>see note 1</i>): | |
| | |
| | |
| Address: | |
| | E-mail address: |
| Tel. Work: | Tel. Home: |
| Mobile: | Fax: |
| *Diagnosis: | |
| | |

Application No.:

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): <input type="checkbox"/> yes <input type="checkbox"/> no |
| If yes: Date: |
| Anti-Doping Organization: |
| Result (<i>attach previous TUE(s)</i>): |

| |
|--|
| 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:

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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: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
|-----------------------|------------------------------|-----------------------------|

| |
|---------------------|
| Office Notes: |
| |
| |
| |

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|---------------------------------------|
| Name of TUEC Representative(s): |
| Signature(s): |
| |
| Date: |

Please send this form, duly completed to:

Anna Gudge
Secretary, WBF Anti Doping Commission
The Old Railway Station
Long Melford
Sudbury, Suffolk CO10 9HN
Email: anna@ecats.co.uk

To arrive no later than 21 days before the start of the competition being entered