

Abbreviated Therapeutic Use Exemptions ATUE

Please complete all sections in capital letters or typing

beta-2 agonists by inhalation	glucocorticosteroids by non-systemic routes *
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* All routes other than orally, rectally, intravenously and intramuscularly. Dermatological glucocorticosteroids do not require any TUE

1. Athlete Information

Surname:		Given Names:.....	
Female	Male	Date of Birth (d/m/y):	
Address:			
City:	Country :	Postcode:.....	
Tel.:		E-mail :	
.....			
<i>(with international code)</i>			
Sport:.....		Discipline/Position:	
International or National Sporting Organization:			

2. Medical information

Diagnosis:
.....
.....
.....
.....
N.B. Any ATUE may be reviewed at any time, by the ADO and/or WADA

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and keep a copy for your records.

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