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South African Institute for
DRUG-FREE SPORT



Application Form

Therapeutic Use Exemptions TUE

Please complete all sections in capital letters or typing

1. Athlete Information

Surname: Given Names:

Female ☐ **Male** ☐ **Date of Birth (d / m / y)**

Address:

City: **Country:** **Postcode:**.....

Tel:..... **Fax:**..... **Email:**.....
(with international code)

Sport:..... **Discipline / Position:**

International or National Sport Organization:

.....

Please mark the appropriate box:

- ☐ **I am part of an International Federation Registered Testing Pool**
- ☐ **I am part of a National Anti-Doping Organization Testing Pool**
- ☐ **I am participating in an International Federation event for which a TUE granted pursuant to the International Federation's rules is required¹ - Name of competition.....**
- ☐ **None of the above**

¹Refer to your International Federation for the list of designated events
The TUE application complies with the SA Institute for Drug-Free Sport Act (Act No14, 1997)
and the 2010 World Anti-Doping Code

2. Medical Information

Diagnosis with sufficient medical information (see note 1):

.....

.....

.....

.....

If 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): <u>Generic Name</u>	Dose	Route	Frequency	Date/s Of Treatment/s
1.				
2.				
3.				

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

E-mail:

Signature of Medical Practitioner: Date:

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Athlete's declaration

I, Certify that that the information under 1. Is accurate and that I am requesting approval to use a Substance or Method from the WDA Prohibited List. I authorize the release of personal medical information to the Anti-Doping Organization (ADO) 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 my ADO in writing of that fact.

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)

6. Note:

Note 1	Diagnosis <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 and in the case of non-demonstrable conditions independent supporting medical opinion will assist this application.</i>
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Incomplete Applications will be returned and will need to be resubmitted

Please submit the completed form to the ADO and keep a copy for your records.

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