

## Therapeutic Use Exemptions (TUE) Application Form

*I apply for approval from World Obstacle, the Fédération Internationale de Sports d'Obstacles for the therapeutic use of a prohibited substance on the WADA List of Prohibited Substances and Prohibited Methods.*

**Please complete all sections in capital letters or typewritten in English.**

**Please submit the TUE to [anti-doping@worldobstacle.org](mailto:anti-doping@worldobstacle.org) at least 21 days prior to competition.**

Surname: .....

Given Names: .....

Female  Male  (*tick appropriate box*)

Address: .....

City: ..... Country: ..... Postcode / Zip: .....

Date of Birth (dd/mm/yy): .....

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

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

National Federation: .....

If a para-athlete, please indicate the disability: .....

**1. Athlete Information**

**2. Notifying medical practitioner**

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

.....

.....

Address: .....

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

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

\*Diagnosis with sufficient medical information (*see note 2*):

.....

.....

Has the National Federation's Chief Medical Officer been notified of this request? Yes  No

Name of National Federation's Chief Medical Officer (*see note 3*): .....

**3. Medication details (see note 4)**

Prohibited substance(s) (generic name of the drug):	Dose of administration	Route of administration	Frequency of administration
1.			
2.			
3.			

<b>Anticipated duration of this medication plan</b>	
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<p>Previous / Current TUE request(s): yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>If yes: Date: .....</p> <p>Anti-Doping Organisation: .....</p> <p>Result (<i>attach previous TUE(s)</i>): .....</p>
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<p>If appropriate, reasons for not prescribing alternative therapies (<i>see note 5</i>): .....</p> <p>.....</p> <p>.....</p>
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**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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**5. Medical practitioners and athlete's declaration**

I, ....., certify that the information under 1. is accurate and that I am requesting approval to use a Substance of Method from the WADA Prohibited List. I authorize the release of personal medical information to the Fédération Internationale de Sports d'Obstacles as well as to WADA staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO (Anti-doping Organisations) under the provisions of the Code. I understand that if I ever wish to revoke the right of the Anti-Doping Organisation TUEC to obtain my health information on my behalf, I must notify my medical practitioner and the FISO in writing of that fact.

**Athlete's signature:** ..... **Date: (dd/mm/yy)** .....

**Signature:** ..... **Date (dd/mm/yy):** .....  
Parent/Guardian

**(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. Notes

<b>Note 1</b>	Name, qualifications and medical specialty For example : Dr W Smith MD, Gastroenterologist.
<b>Note 2</b>	Diagnosis 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.
<b>Note 3</b>	Chief Medical Officer Where possible the Chief Medical Officer (CMO) of the NF involved should be notified of the application to the FISO. When appropriate, the application should include a statement by the Medical Officer of the Athlete's National Federation attesting to the necessity of the otherwise Prohibited Substance or Prohibited Method in the treatment of the athlete.
<b>Note 4</b>	Medication details Provide details concerning all prohibited substances or methods for which approval is sought. Use generic names (INN) and specify medication dose.
<b>Note 5</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.

Incomplete Applications will be returned and will need to be resubmitted. Please submit the completed form to the Fédération Internationale de Sports d'Obstacles and keep a copy of the completed form for your records. FISO Anti-Doping [anti-doping@worldorc.org](mailto:anti-doping@worldorc.org)

I, ....., certify the above-mentioned substance/s is medically appropriate and that the use of alternative medication not on the prohibited list would be unsatisfactory for this condition.

**Signature** ..... **Date: dd/mm/yy)** .....  
Medical Practitioner