

**STRICTLY CONFIDENTIAL**

**Application No:**  
[For internal IAAF use only]



**IAAF Therapeutic Use Exemptions TUE**

**Standard Application Form**

*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 in capital letters or typing**

- I am included in IAAF Registered Testing Pool **or**  
 Preparing for IAAF International Competition (which competition . . . . .)

**1. Athlete information**

First Name: . . . . . Last Name: . . . . .  
Female  Male  Discipline: . . . . .  
Address: . . . . .  
City: . . . . . Country: . . . . .  
Postal Code: . . . . . Date of birth (dd/mm/yy): . . . . .  
Tel.: (*with international code*). . . . . Mobile: . . . . .  
E-mail: . . . . . National Federation: . . . . .

**2. Medical information**

**Diagnosis with sufficient medical information (see note 1):** . . . . .  
. . . . .  
. . . . .  
**If a 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) (see Note 2): Commercial name/Generic name e.g: Humuline©/Insulin	Dose of administration	Route of administration	Frequency of administration
1.			
2.			
3.			

Intended duration of treatment (see Note 3):	Once only <input type="checkbox"/> Emergency <input type="checkbox"/> Or duration (week / month): .....
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**Additional information:** .....

.....

.....

Have you submitted any previous TUE application? <input type="checkbox"/> yes <input type="checkbox"/> no (tick appropriate box)
For which substance(s)? .....
Organisation (to whom TUE application was sent) .....
When (dd/mm/yy): .....
Result (attach previous TUE(s) where applicable): Approved <input type="checkbox"/> Not approved <input type="checkbox"/>

Has the athlete's National Federation Team Doctor been notified of this application?
Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Name of National Federation's Team Doctor (see Note 4): .....

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**4. Medical practitioner's declaration**

I certify that the above-mentioned medication(s) for the above-named athlete is 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 5).

Name, qualifications and medical speciality (see Note 6): .....

.....

Address: .....

City: ..... State/Province: ..... Country .....

Postal Code: ..... E-mail: .....

Tel.: (*with international code*) ..... Mobile: .....

Signature of medical practitioner: ..... Date: .....

**5. 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)*

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**Notes:**

<b>Note 1</b>	<b><u>Diagnosis</u></b> <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 clinical examinations, investigations, specialist medical reports and imaging studies. 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.</i>
<b>Note 2</b>	<b><u>Medication details</u></b> <i>Provide details concerning all medications or treatments. 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.</i>
<b>Note 3</b>	<b><u>Change of Prescription</u></b> <i>Note that a new TUE application is required for any change in prescription.</i>
<b>Note 4</b>	<b><u>National Federation Team Doctor</u></b> <i>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.</i>
<b>Note 5</b>	<i>If a permitted medication can be used in the treatment of the athlete's medical condition, please provide clinical justification (on page 1) for the requested use of the prohibited medication.</i>
<b>Note 6</b>	<b><u>Name, qualifications and medical specialty</u></b> <i>For example: Dr AB Cook, MD FRACP, Gastro-enterologist. Dr JA Gonzalez, MBBS, FACSM, Sports Physician</i>

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

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

**IAAF Medical and Anti-Doping Department**

17, Rue Princesse Florestine

BP 359 – MC 98007

Monaco

Confidential Fax: +377 93 50 83 95

If there are further questions arising from this Form or regarding the relevant procedures for standard applications for TUEs, please contact the IAAF for further information on: +377 93 10 88 89 (tel) or [tue-application@iaaf.org](mailto:tue-application@iaaf.org) (e-mail).