



**IAAF Therapeutic Use Exemptions
Abbreviated Application Form
ATUE**

Please complete all sections in capital letters or typing

<input type="checkbox"/> beta-2 agonists by inhalation	<input type="checkbox"/> Glucocorticosteroids by intra-articular injection, intra-bursal injection, peritendinous injection, intra-cystic injection, pulmonary inhalation, iontophoresis or anal topical preparation
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I hereby apply for approval for the therapeutic use of a prohibited substance on the IAAF Prohibited List that is subject to the Abbreviated TUE Application Procedure

<input type="checkbox"/> I am included in IAAF Registered Testing Pool or
<input type="checkbox"/> Preparing for IAAF International Competition (which competition

1. Athlete information

First Name:	Last Name:
Female <input type="checkbox"/> Male <input type="checkbox"/>	Discipline:
Address:	
City:	Country:
Postal Code:	Date of birth (dd/mm/yy):
Tel.: (<i>with international code</i>).	Mobile:
E-mail:	National Federation:

2. Medical information

Diagnosis (see Note 1):
.....
.....
.....

STRICTLY CONFIDENTIAL

Prohibited substance(s) (see Note 1 and 2): Commercial name / <u>Generic name</u> e.g: Ventolin / Salbutamol or Albuterol	Dose of administration	Route of administration	Frequency of administration
1.			
2.			
3.			

Intended duration of treatment	Once only <input type="checkbox"/> Emergency <input type="checkbox"/> Or duration (week / month):
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3. Medical practitioner's and athlete's declaration

I certify that the above-mentioned medication(s) for the above-named athlete has been/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 for the following reasons:

.....

.....

.....

Name, qualifications and medical speciality (see Note 3):

.....

Address:

City: State/Province: Country

Postal Code: E-mail:

Tel.: (with international code) Mobile:

Signature of Medical Practitioner: **Date:**

I, certify that the information in section 1 above is accurate and that I am requesting for approval to use a prohibited substance in the IAAF Prohibited List. I authorize, if necessary, the release of my personal medical information to the members of the IAAF Therapeutic Use Exemption Sub-Commission (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 any 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)



International Association of Athletics Federations

**IAAF BETA-2-AGONIST PROTOCOL
Medical Records FORM**

NAME OF THE ATHLETE: _____
DATE OF BIRTH: _____ **COUNTRY:** _____

Diagnosis:

Age of onset:

Symptoms spontaneous or exercise related:

Coughing during or post-exercise:	Yes or No	Dyspnoea:	Yes or No
Shortness of breath:	Yes or No	Wheezing:	Yes or No
Chest tightness:	Yes or No	Excess sputum:	Yes or No

If yes, specify:

Identified triggering factors :

Past history of atopic disorders and/or childhood asthma:

Past physical examinations :

Results of skin prick tests or RAST to document the presence of allergic hypersensitivity:

Details of all consultations with qualified physicians in the treatment of asthma

Details of any attendance in hospital emergency departments for treatment or admission to hospital for treatment of acute exacerbation of asthma.

Details of the individual's currently prescribed medication and any other medication prescribed in the past years, with particular details in the last 6 months.

Details of medication in the 3 months prior to provocation test:

PFTesting information

Date of test: / /

- Bronchodilator test: FEV₁ after bronchodilator: change compared to baseline: %
- Methacholine challenge test
PD₂₀ = µmol or µg
PC₂₀ = mg/mL
- Eucapnic Voluntary Hyperpnoea: FEV₁ decrease of % within min
- Exercise challenge: FEV₁ decrease of % within min
- Hypertonic saline test: FEV₁ decrease of %

Date:

Physician Name:

Physician signature:

Notes:

<i>Note 1</i>	<p><u><i>Diagnosis and Medical examination(s)/test(s) performed</i></u></p> <p>For applications for the use of Beta-2-agonists only: To constitute a complete application, International-Level athletes must include the following documentation required by the IAAF Beta-2-Agonists Protocol:</p> <ol style="list-style-type: none">1. Detailed Medical Records2. Provocation Test Results <p>Both must be filled in on page 3 of this Application Form</p> <p>Refer to the IAAF Beta-2 Agonists Protocol www.iaaf.org/antidoping for further more detailed information on the documentation that is required.</p>
<i>Note 2</i>	<p><u><i>Medication details / change of prescription</i></u></p> <p><i>Provide both the commercial and generic name (INN) of the medication and specify medication dose, the route of administration and the frequency of administration.</i></p> <p><i>Note that a new TUE application will be required for any change of prescription.</i></p>
<i>Note 3</i>	<p><u><i>Name, qualifications and medical specialty</i></u></p> <p><i>For example: Dr AB Cook, MD FRACP, Gastro-enterologist. Dr JA Gonzalez. MBBS, FACSM, Sports Physician</i></p>

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

Please submit the completed application 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 any questions arising from this Form or regarding the relevant procedures for abbreviated applications for TUEs on an international level, please contact the IAAF for further information on: +377 93 10 88 89 (tel) or tue-application@iaaf.org (e-mail).