

THERAPEUTIC USE EXEMPTION (TUE) APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS (IN BLOCK CAPITALS).

NOTE THAT THIS TUE APPLICATION FORM AS WELL AS THE ENTIRE MEDICAL FILE (INCLUDING ALL REPORTS AND DOCUMENTS) MUST BE COMPLETED IN ONE OF THE FOUR OFFICIAL FIFA LANGUAGES.

1. PLAYER INFORMATION

SURNAME: _____	FIRST NAMES: _____
FEMALE <input type="checkbox"/>	MALE <input type="checkbox"/>
DATE OF BIRTH (DAY/MONTH/YEAR) _____	
ADDRESS: _____	
CITY: _____	COUNTRY: _____
TEL: _____	EMAIL: _____
NATIONALITY: _____	
NAME OF CLUB OR NATIONAL FOOTBALL ASSOCIATION: _____	

Please mark the appropriate box:

- I AM PART OF THE FIFA INTERNATIONAL REGISTERED TESTING POOL (IRTP)
- I AM PART OF THE FIFA PRE-COMPETITION TESTING POOL (PCTP)
- I AM PARTICIPATING IN A FIFA COMPETITION¹: _____
(NAME OF FIFA COMPETITION)
- I AM PART OF A NATIONAL ANTI-DOPING ORGANISATION (NADO) TESTING POOL: _____
(NAME OF NADO)
- REQUEST FOR RECOGNITION OF TUE ISSUED BY NADO
- NONE OF THE ABOVE

¹ Please refer to the FIFA TUE policy, which is published on www.fifa.com/medical, <http://extranet.fifa.com/medical> and <http://www.fifa.com/antidoping> for the list of the designated competitions.

Reply to be sent:

by email Address: _____

by post Address: _____

2. MEDICAL INFORMATION (CONTINUE ON SEPARATE SHEET IF NECESSARY)

DIAGNOSIS WITH DETAILED MEDICAL INFORMATION (SEE NOTE 1 BELOW):

If a permitted medication can be used to treat the medical condition, provide clinical justification for the requested use of the prohibited medication:

NOTE 1 - DIAGNOSIS

Evidence confirming the diagnosis must be attached and forwarded with this application. Medical evidence should include a comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies according to the FIFA TUE policy.

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 medical opinion will be used to support this application.

WADA maintains a series of guidelines to assist physicians in the preparation of complete and thorough TUE applications. These TUE Physician Guidelines can be accessed by entering the search term "Medical Information" on the WADA website: <https://www.wada-ama.org>. The guidelines address the diagnosis and treatment of a number of medical conditions commonly affecting athletes, and requiring treatment with prohibited substances.

5. RETROACTIVE APPLICATIONS

IS THIS A RETROACTIVE APPLICATION?

Yes No

If yes, on what date was treatment started? _____

PLEASE INDICATE REASON:

- Emergency treatment or treatment of an acute medical condition was necessary
- Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection
- Advance application not required under applicable rules
- Other

Please explain: _____

6. PREVIOUS APPLICATIONS

Have you submitted any previous TUE applications: Yes No

For which substance? _____

To whom? _____ When? _____

Decision: Approved Not approved

7. PLAYER'S DECLARATION

I, _____, certify that the information set out at sections 1, 5 and 6 is accurate. I authorise the release of personal medical information to the anti-doping organisation (ADO) as well as to WADA-authorized staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO TUECs and authorised staff that may have a right to this information under the World Anti-Doping Code ("Code") and/or the International Standard for Therapeutic Use Exemptions.

I consent to my physician(s) releasing to the above persons any health information that they deem necessary in order to consider and determine my application.

I understand that my information will only be used for evaluating my TUE request and in the context of potential anti-doping rule violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my health information; (2) exercise my right of access and correction; or (3) revoke the right of these organisations to obtain my health information, I must notify my medical practitioner and my ADO in writing of that fact. I understand and agree that it may be necessary for TUE-related information submitted prior to revoking my consent to be retained for the sole purpose of establishing a possible anti-doping rule violation, where this is required by the Code.

I consent to the decision on this application being made available to all ADOs, or other organisations with testing authority and/or results management authority over me.

I understand and accept that the recipients of my information and of the decision on this application may be located outside the country where I reside. In some of these countries, data protection and privacy laws may not be equivalent to those in my country of residence.

I understand that if I believe that my personal information is not used in conformity with this consent and the International Standard for the Protection of Privacy and Personal Information, I can file a complaint to WADA or CAS.

PLAYER'S SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN'S SIGNATURE: _____ **DATE:** _____

(If the player is a minor or has a disability preventing him/her from signing this form, a parent or guardian must sign with or on behalf of the player.)

INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL BE RETURNED AND WILL NEED TO BE RESUBMITTED.

PLEASE SEND THE COMPLETED FORM TO THE CONFIDENTIAL EMAIL ADDRESS OF THE FIFA MEDICAL OFFICE:

MEDICAL@FIFA.ORG

TREATMENT MAY BE ADMINISTERED ONLY ONCE FIFA HAS APPROVED THE TUE REQUEST!