

**THERAPEUTIC USE EXEMPTIONS
(TUE)**

Application n°: _____
(for FIA internal use)

APPLICATION FORM

Please complete all sections in capital letters or typing.

I hereby request authorisation from the Fédération Internationale de l'Automobile (FIA) to use, for therapeutic purposes, a prohibited substance or a method that is included on the World Anti-Doping Agency (WADA) Prohibited List.

1. Athlete Information

Surname: _____		Forename(s): _____	
Female <input type="checkbox"/>	Male <input type="checkbox"/> (tick the appropriate box)	Date of birth (dd.mm.yyyy): _____	
Address: _____			
City: _____	Postcode: _____	Country: _____	
Tel. (with international code): _____		Fax: _____	
E-mail: _____			
National sporting authority (ASN): _____			
Please tick the appropriate box(es):			
<input type="checkbox"/> I am part of the FIA Registered Testing Pool.			
<input type="checkbox"/> I am part of a National Anti-Doping Organisation Testing Pool.			
<input type="checkbox"/> I am taking part in a competition registered on the FIA International Sporting Calendar (available on www.fia.com/sports/calendars).			
If yes, which competition: _____			
If the athlete has a disability, indicate the disability: _____			

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.

3. Details concerning the substances and/or methods

Prohibited substance(s) (Generic name)	Dose	Route of administration	Frequency
1.			
2.			
3.			

Prohibited method(s) (name and details): _____

Intended duration of treatment

(Please tick the appropriate box)

Once only Emergency

Duration: _____

Have you submitted any previous TUE applications? Yes No

If yes:

For which substance or method? _____

To which anti-doping organisation? _____ Date: _____

Decision of the anti-doping organisation: Approved Not approved

Please attach any previously obtained TUE certificate to the present application.

4. Medical practitioner's declaration

I, the undersigned, certify that the above-mentioned treatment is medically appropriate and that the use of alternative medication not included on the WADA Prohibited List would be unsatisfactory for this condition.

Name: _____

Medical specialisation (see note 2): _____

Address: _____

Tel. (with international code): _____ Fax: _____

E-mail: _____

Signature of the medical practitioner: _____ Date: _____

Has the doctor in charge at the ASN that issued the athlete's licence been informed of this application?

Yes: No:

Name of the doctor in charge at the ASN (see note 3): _____

5. Athlete's declaration

I, the undersigned, _____, certify that the information under 1 is accurate and that I am requesting approval to use a Substance or Method from the WADA Prohibited List. I authorise the release of personal medical information to FIA and WADA authorised staff, to the FIA TUEC (Therapeutic Use Exemption Committee) and to other anti-doping organisations' TUECs and authorised staff who may have a right to this information under the provisions of the FIA Anti-Doping Regulations.

I understand that my information will only be used for evaluating my TUE application and in the context of investigations and procedures relating to possible anti-doping rule violations.

I understand that if I wish at any time to (1) obtain more information about the use of my 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 the FIA 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 FIA Anti-Doping Regulations.

I understand that if I believe that my personal information is not being used in conformity with this consent and with the International Standard for the Protection of Privacy and Personal Information, I may notify WADA and/or submit a complaint to the Court of Arbitration for Sport.

Signature of the athlete: _____ Date: _____

Signature of the athlete's parent or guardian: _____ Date: _____

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

6. Notes

Note 1	Diagnosis: <i>Evidence confirming the diagnosis, if possible written in or translated into English or French, shall be attached and forwarded with this application. The medical evidence must include a comprehensive medical history with a description of how the disease/disorder/injury has been managed over time, and the results of all relevant examinations, laboratory investigations and imaging studies. Copies of all the original reports or letters shall be included where possible. Evidence should be as objective as possible in the clinical circumstances and, in the case of non-demonstrable conditions, an independent medical opinion shall be attached in support of this application.</i>
Note 2	Medical specialisation: <i>Name, qualifications and medical specialisation</i> <i>e.g.: Dr AB Cook, MD FRACP, Gastroenterologist</i>
Note 3	Doctor in charge at the ASN that issued the athlete's licence: <i>It is recommended that the doctor in charge at the ASN concerned be informed of the application submitted to the FIA, and that a statement by the doctor from the athlete's ASN, attesting to the necessity of the otherwise prohibited substance or method for treating the athlete, be included in the application.</i>

Incomplete applications will be returned and will need to be resubmitted.

Please submit the duly completed form to the following email address:

tue@fia.com

and keep a copy for your own records.