

# Therapeutic Use Exemption (TUE) Application Form

Please complete **all** sections in **BLOCK CAPITALS** or typing. Athlete to complete sections 1, 5, 6 and 7; Physician to complete sections 2, 3 and 4. **Incomplete** or **illegible** applications will be returned and will need to be resubmitted in legible and complete form.

## 1. Athlete Information

Surname: ..... Given Names: .....

Female:  Male:  (*tick appropriate box*) Date of Birth: //

Address: .....

City: ..... Country: ..... Postcode: .....

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

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

E-mail: .....

Sport: .....

International or National Association: .....

If you are an Athlete with an impairment, please indicate the impairment: .....

## 2. Medical Information (*continue on separate sheet if necessary*)

Diagnosis: .....

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

.....

**Diagnosis:** *Evidence confirming the diagnosis shall be attached and forwarded with this application. The medical information must 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. In the case of non-demonstrable conditions, independent supporting medical opinion will assist 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*

### 3. Medication Details

Prohibited Substance(s): (Generic Name)	Dose	Route of administration	Frequency	Duration of Treatment
1. ....	.....	.....	.....	.....
2. ....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....

### 4. Medical Practitioner's Declaration

**I certify that the information in sections 2 and 3 above is accurate, and that the above-mentioned treatment is medically appropriate.**

Name: .....

Medical Speciality: .....

Address: .....

City: .....

Country: .....

Postcode: .....

Tel. Work: .....

Tel. Home: .....

Mobile: .....

E-mail: .....

Signature of Medical Practitioner: .....

Date: .....

### 5. Retroactive Applications

Is this a retroactive application?      YES:       NO:

If yes on what date was treatment started: .....

Please tick box to indicate reason for retroactive application:

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

Fairness (WADA and WSF approval required)

Please explain: .....

## 6. Previous Applications

Have you submitted any previous TUE applications to any Anti-Doping Organisation? YES:  NO:

If yes, for which substance or method: .....

To whom? .....

When? .....

Decision:      Approved:                       Not Approved:

## 7. Athlete's Declaration

I \_\_\_\_\_ certify that the information set out under sections 1, 5 and 6 is accurate. I authorise the release of personal medical information related to this application to the World Squash Federation as well as to World Anti-Doping Agency (WADA) authorised staff, to WSF's Therapeutic Use Exemption Committee (TUEC) and to other Anti-Doping Organisations (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. These people are subject to a professional or contractual confidentiality obligation.

I consent to my physician(s) releasing to the above persons any health information that they may 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 any rights I may have, such as right of access, rectification, restriction, opposition, or deletion; (3) revoke the right of these organisations to obtain my health information, I must notify my medical practitioner and the WSF in writing of the 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 purpose of investigations or proceedings related to a possible anti-doping rule violation, where this is required in the *Code*, *International Standards*, or national anti-doping laws; or to establish, exercise or defend a legal claim involving me, WADA and/or an ADO.

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 my information may be stored in ADAMS, which is hosted by WADA on servers based in Canada, and will be retained for the duration as indicated in the WADA International Standard for the Protection of Privacy and Personal Information (ISPPPI).

I understand that if I believe my **Personal Information** is not used in conformity with this consent and the ISPPPI, I can file a complaint to WADA (privacy@wada-ama.org), or my national regulator responsible for data protection in my country.

I understand that the entities mentioned above may rely on and be subject to national anti-doping laws that override my consent or other applicable laws that may require information to be disclosed to local courts, law enforcement, or other public authorities. I can obtain more information on national anti-doping laws from my International Federation or National Anti-Doping Agency.

**Athlete's signature:** \_\_\_\_\_

**Date:** □□/□□/□□

**Parent's/Guardian's signature:** \_\_\_\_\_

**Date:** □□/□□/□□

(If the athlete is a Minor or has an impairment preventing him/her signing this form, a parent or guardian shall sign on behalf of the Athlete)

***Please take a copy of the form for your record and submit the completed application to:  
World Squash Federation, 25 Russell Street, Hastings, East Sussex, TN34 1QU, United Kingdom  
Confidential fax: +44 1424 430 737 / e-mail: wsf@worldsquash.org***