



INTERNATIONAL  
OLYMPIC  
COMMITTEE

# Therapeutic Use Exemptions (TUEs) Application Form

Return to the IOC Medical & Scientific Department  
By fax +41 21 621 6361 or by email TUE@olympic.org  
Or at the Olympic village Polyclinic

Please complete all sections in capital letters or typing.

## 1. Athlete Information

Surname: .....		First Names: .....	
Gender: Female <input type="checkbox"/>	Male <input type="checkbox"/>	Date of Birth (d/m/y): .....	
Address: .....			
City: .....	Country: .....	Postcode: .....	
Tel.: .....		E-mail: .....	
<i>(with international code)</i>			
Sport: .....		Discipline/Position: .....	
International or National Sport Organization: .....			

## 2. Medical information

**Diagnosis with sufficient medical information** (see note 1):

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**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. Note:**

<b>Note 1</b>	
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The application **must** include a clear, succinct medical history confirming the diagnosis and copies of the results of all relevant examinations, laboratory investigations and imaging studies.

In the case of a 'Retroactive TUE' application please indicate the circumstances or situation which prevented the submission of a TUE Application in the normal manner.

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

Please submit the completed form to the IOC TUE Committee and keep a copy for your records.

**4. Medication details**

Prohibited substance(s): <u>Generic name</u>	Dose	Route	Frequency
1. ....	.....	.....	.....
2. ....	.....	.....	.....
3. ....	.....	.....	.....

<b>Intended duration of treatment:</b> <i>(Please tick appropriate box)</i>	Once only      Date...../...../.....      emergency
	or duration (week/month): .....

Is this a "retroactive" TUE application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you submitted any previous TUE application:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
For which substance? .....		
To whom? .....      When? .....		
Decision:    Approved <input type="checkbox"/> Not approved <input type="checkbox"/>		

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**5. Medical practitioner's declaration**

**I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medication not on the prohibited list would be unsatisfactory for this condition.**

**Name:** .....

**Medical speciality:** .....

**Address:** .....

**Tel.:** ..... **Fax:** .....

**E-mail:** .....

**Signature of Medical Practitioner:** ..... **Date:** .....

**6. Athlete's declaration**

I, ..... 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 authorize the release of personal medical information to the IOC TUE Committee and to other relevant parties that may have a right to this information under the provisions of the World Anti-Doping Code.

I understand that my information will only be used for evaluating my TUE request and in the context of possible anti-doping rule violation investigations and procedures. I understand that if I ever wish 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 relevant organizations to obtain my health information on my behalf, I must notify my medical practitioner and the IOC TUE Committee 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 it is required by the World Anti-Doping Code.

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.

**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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