



Therapeutic Use Exemptions (TUE) APPLICATION FORM

Please complete all sections in capital letters or typing. Athlete to complete sections 1, 5, 6 and 7; physician to complete sections 2, 3 and 4. Illegible or incomplete applications will be returned and will need to be re-submitted in legible and complete form.

1. Athlete Information

Surname: _____ Given Names: _____

Female Male Date of Birth (d/m/y): _____

Address: _____

City: _____ Country: _____ Postcode: _____

Tel.: _____ E-mail: _____
(with International code)

Sport: _____ Discipline/Position: _____

International or National Sport Organization:

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 the prohibited medication:

Comment:

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. For competitors using hormone replacement therapy (HRT) the results of at least two blood test results with the most recent test dated within 1 month of the TUE application must be submitted.

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): <u>Generic name</u>	Dose	Route of Administration	Frequency	Duration of Treatment
1.				
2.				
3.				

4. Medical practitioner's declaration

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

Name:

Medical specialty:

Address: _____

Tel.: _____

Fax: _____

E-mail: _____

Signature of Medical Practitioner: _____ Date: _____

5. Retroactive applications

<p>Is this a retroactive application?</p> <p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p> <p>If yes, on what date was treatment started?</p> <hr/>	<p>Please indicate reason:</p> <p><input type="checkbox"/> Emergency treatment or treatment of an acute medical condition was necessary</p> <p><input type="checkbox"/> Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection</p> <p><input type="checkbox"/> Advance application not required under applicable rules</p> <p><input type="checkbox"/> Other</p> <p>Please explain:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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6. Previous applications

<p>Have you submitted any previous TUE application(s)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>For which substance or method?</p> <hr/>
<p>To whom? _____ When? _____</p>
<p>Decision: Approved <input type="checkbox"/> Not approved <input type="checkbox"/></p>

7. Athlete's declaration

I, _____, certify that the information set out at sections 1, 5 and 6 is accurate. I authorize the release of personal medical information to the American Natural Bodybuilding Federation (ANBF) officers and staff.

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 organizations to obtain my health information, I must notify my medical practitioner and the ANBF 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 ANBF Drug Policy.

I consent to the decision on this application being made available to all other US Natural Bodybuilding Organizations, or other sporting organizations with testing authority and/or results management authority over me.

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 submit the completed form to: Kent Bierly

by email to: Krb46@comcast.net

or by US Postal Mail to: 19 Briars Mills Dr. Brick, NJ 08724

For any questions please call Kent Bierly at 732-213-6537