

For ISAF use only
Application Ref:



International Association
for Disabled Sailing

APPLICATION FOR Therapeutic Use Exemption (TUE)

Please complete all sections in ENGLISH CAPITAL LETTERS or TYPING
and return to: medical@isaf.co.uk or Medical Commission, ISAF UK Ltd, Ariadne
House, Town Quay, Southampton, Hants SO14 2AQ United Kingdom.

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

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 **AND** National Sport Organization:/.....

Please mark the appropriate box:

I am part of an International Federation registered Testing Pool.

I am part of a National Anti-Doping Organization Testing Pool.

I am participating in an International Federation event for which a TUE granted pursuant to the International Federation's ruled is required:

Which ISAF / IFDS International Events being competed in:.....

None of the above.

If athlete with disability, indicate 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

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3. Medication details

Prohibited substance(s): <u>Generic name</u>	Dosage (i.e. mg)	Route	Frequency
1.			
2.			
3.			

Intended duration of treatment: (Please tick appropriate box)	once only <input type="checkbox"/>	emergency <input type="checkbox"/>
	or duration (week/month):	

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"/>		

4. 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:

Note 1	<p>Diagnosis</p> <p><i>Evidence confirming the diagnosis must be attached and forwarded with this application. The medical evidence should 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 and in the case of non-demonstrable conditions independent supporting medical opinion will assist this application.</i></p>
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5. 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 Anti-Doping Organization (ADO) as well as to WADA authorized staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO TUECs and authorized staff that may have a right under the provisions of the Code.

I understand that my information will only be used for evaluating my TUE request and in the context of possible anti-doping 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 these organizations to obtain 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 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 or has a disability preventing him/her to sign this form, a parent or guardian shall sign together with or on behalf of the athlete)

I AM AWARE THAT AN APPLICATION FOR A TUE REQUIRES THE PROCESSING (FOR EXAMPLE TRANSMISSION, DISCLOSURE, USE AND STORAGE) OF ALL DATA PERTAINING TO SUCH APPLICATION THROUGH THE ANTIDOPING ADMINISTRATION AND MANAGEMENT SYSTEM (ADAMS) HARMONIZED, COORDINATED AND EFFECTIVE ANTI-DOPING PROGRAMS FOR DETECTION, DETERRENCE AND PREVENTION OF DOPING. SIGNING THIS FORM WILL INDICATE THAT I HAVE BEEN SO INFORMED AND THAT I GIVE MY EXPRESS CONSENT TO SUCH PROCESSING OF DATA.

If I decide to use ADAMS, I understand and agree that my application for a TUE will only be considered following the submission in ADAMS, by myself or by my ADO, of the present completed application form, as well as all relevant documents related to the application.

I understand and agree that if a TUE is granted, such TUE and the related information will be stored electronically ADAMS for a minimum period of 8 years being the period within which an action can be commenced following a violation of an anti-doping rule contained in the Code.

WADA, Anti-Doping Organizations and Therapeutic Use Exemption Committees will not disclose any of my TUE related information beyond those person within their organization with a need to know according to the Code.

RELEASE

I hereby release WADA as well as ADOs and TUE Committees from all claims, demands, liabilities, damages, costs and expenses that I may have arising in connection with the processing of my TUE related data through ADAMS.

WITHDRAWAL OF CONSENT

If I have decided to use ADAMS, I understand that I may at **any time revoke** my consent for the processing of

my TUE related data through ADAMS. I also understand that a consequence of such withdrawal of consent, I will not receive approval for a TUE or a renewal of an existing TUE.

Date:

Date of Birth
(Day/Month/Year)

Print Name
(Last Name, First Name)

Signature
(or, if a minor, signature of legal guardian)