

# THERAPEUTIC USE EXEMPTIONS STANDARD TUE FORM

*Please type or complete all sections in capital letters*

## 1. ATHLETE INFORMATION

<b>Surname</b>		<b>First Name</b>	
<b>Sex</b>		<b>Date of Birth</b>	
<b>Complete Address</b>	<b>Phone Numbers</b>	<b>Fax Number</b>	<b>E-mail</b>

## 2. MEDICAL INFORMATION

<p><b>Diagnosis with sufficient medical information</b></p> <p><i>Note: <u>Diagnosis:</u></i></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>
<p><b>If a permitted medication can be used to treat the medical condition, provide clinical justification for the requested use of the prohibited medication</b></p>

**STRICTLY CONFIDENTIAL**

## 3. MEDICAL DETAILS

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

<b>Intended Duration of Treatment</b> <i>(Please tick appropriate box)</i>	<b>Once Only</b>	<b>Emergency</b>	<b>Duration</b> <b>(Week/Month)</b>

<b>Have you submitted any previous TUE Application</b> <i>(Please tick appropriate box)</i>	<b>Yes</b>		<b>No</b>	
<b>For Which Substance?</b>				
<b>To Whom?</b>				
<b>When?</b>				
<b>Decision</b> <i>(Please tick appropriate box)</i>	<b>Approved</b>		<b>Not Approved</b>	

#### **4. MEDICAL PRACTITIONER'S DECLARATION**

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

<b>Name</b>	
<b>Medical Specialty</b>	
<b>Address</b>	
<b>E-mail Address</b>	
<b>Phone Number</b>	
<b>Fax Number</b>	
<b>Signature</b>	
<b>Date</b>	

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**5. ATHLETE'S DECLARATION**

<b>I certify that the information under section 1. is accurate and that I am requesting approval to use a Substance or Method from the International Olympic Committee (IOC) Prohibited List. I authorize the release of personal medical information to the Drug Control Committee (DCC) of the World Drug Free Powerlifting Federation (WDFPF). I understand that if I ever wish to revoke the right of these organizations to obtain my health information on my behalf, I must notify my medical practitioner and the WDFPF in writing to that fact.</b>	
<b>Print Athlete's Name</b>	
<b>Signature</b>	
<b>Date</b>	
<b>Parent's/Guardian's Signature</b> <i>(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)</i>	
<b>Date</b>	

**6. SUBMISSION OF TUE FORM**

*The Therapeutic Use Exemption form, signed by a Physician, must be forwarded to the A.D.F.P.F. NATIONAL OFFICE (27 ELMO DRIVE; MACOMB, IL; 61455), together with the relevant medical documentation. The athlete must wait for the decision of the DCC prior to commencing with the treatment. TUEs are granted for specific medication & a defined dosage over a specific period of time, after which they expire. TUE applications must be submitted to the A.D.F.P.F. at least 90 days prior to a Championship. Lifters need to retain a copy of their application including the committee's decision, for their own records and are required to bring it to all championships.*

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

<b>Name</b>	
<b>Address</b>	
<b>E-mail Address</b>	
<b>Fax Number</b>	

**7. TO BE COMPLETED BY DRUG CONTROL COMMITTEE**

<b>Application Reference Number</b>	
<b>Date of Receipt of Application</b>	
<b>Date of Notification of Committee Members</b>	
<b>Decision of Committee</b>	
<b>Date Athlete is Notified of Decision</b>	
<b>Date WDFPF Exec is Notified of Decision</b>	