



FISA - International Rowing Federation
Maison du Sport International
Av. de Rhodanie 54
1007 Lausanne
Switzerland

Tel: +41.21 617 83 73
Fax: +41.21 617 83 75

Abbreviated Therapeutic Use Exemptions ATUE

Please complete all sections in capital letters (typing preferred)

<input type="checkbox"/> Beta-2 agonists by inhalation <small>Only: Formoterol, Salbutamol, Salmeterol, Terbutaline. No other beta-agonist on this form</small>	<input type="checkbox"/> Glucocorticosteroids by non-systemic routes *
--	---

* This includes intraarticular / périarticular / peritendinous / epidural / intradermal injections and inhalation

* Oral, rectal, intravenous or intramuscular administration requires a Standard TUE Application.

* Topical preparations when used for dermatological (including iontophoresis / phonophoresis), auricular, nasal, ophthalmic, buccal, gingival and perianal disorders are not prohibited and do not require any form of Therapeutic Use Exemption.

1. Athlete Information

- I am included in the FISA registered Testing Pool and/or
- I am preparing a
- FISA World Cup Regatta
 - FISA World Championship
 - Continental Championship
 - Olympic Qualification Regatta

Surname: Given Names:

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

Address:

City: Country : Postcode:

Tel. home: Tel. work: Mobile:
 (with international code)

Email: Fax:

Sport: Discipline/Position:

STRICTLY CONFIDENTIAL

3. Medical practitioner's and athlete'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 this condition.

Name:

Medical Speciality:

Address:

Tel.: **Fax:**

E-mail:

Signature of Medical Practitioner: **Date:**

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 Committee of FISA as well as to WADA staff and to the WADA TUEC (Therapeutic Use Exemption Committee) as well as any other anti-doping organization under the provisions of the Code. 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 FISA in writing of that fact.

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)

Incomplete Applications will be returned and need to be resubmitted.

Please submit the completed form to FISA and keep a copy for your records.