



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

2008 Version

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

# Therapeutic Use Exemptions

## TUE

Please complete all sections in capital letters – typing preferred

### 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
- 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: .....

National federation: .....

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**

.....

.....

.....

## 3. Medication details

| Prohibited substance(s):<br><i>Generic name</i> | Dose | Route | Frequency |
|---|------|-------|-----------|
| 1.  |      |       |           |
| 2.  |      |       |           |
| 3.  |      |       |           |

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

**Have you submitted any previous TUE application:**    yes     no

For which substance? .....

To whom?.....When?.....

Decision:    Approved                       Not approved

## 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.

|   |                    |
|---|--------------------|
| <b>Name:</b> .....                              |                    |
| <b>Medical speciality:</b> .....                |                    |
| <b>Address:</b> .....                           |                    |
| <b>Tel.:</b> .....                              | <b>Fax:</b> .....  |
| <b>E-mail:</b> .....                            |                    |
| <b>Signature of Medical Practitioner:</b> ..... | <b>Date:</b> ..... |

## 5. Athlete's declaration

|   |                    |
|---|--------------------|
| <p>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, to the WADA TUEC (Therapeutic Use Exemption Committee) and to 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.</p> |                    |
| <b>Athlete's signature:</b> .....   | <b>Date:</b> ..... |
| <b>Parent's/Guardian's signature:</b> .....   | <b>Date:</b> ..... |
| (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)   |                    |

## 6. Note:

|               |   |
|---------------|---|
| <b>Note 1</b> | <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> |
|---------------|---|

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

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