# THERAPEUTIC USE EXEMPTION (TUE) APPLICATION FORM

***PLEASE COMPLETE ALL SECTIONS (IN BLOCK CAPITALS).***
***NOTE THAT THIS TUE APPLICATION FORM AS WELL AS THE ENTIRE MEDICAL FILE (INCL. ALL REPORTS AND DOCUMENTS) MUST BE COMPLETED IN ONE OF THE FOUR OFFICIAL FIFA LANGUAGES.***

## 1. PLAYER INFORMATION

**SURNAME:** _____ **FIRST NAMES:** _____

**FEMALE** ❒ **MALE** ❒ **DATE OF BIRTH** (DAY/MONTH/YEAR) _____

**ADDRESS:** _____

**CITY:** _____ **COUNTRY:** _____

**TEL:** _____ **E-MAIL:** _____

**NATIONALITY:** _____

**NAME OF CLUB OR NATIONAL FOOTBALL ASSOCIATION:** _____

**Please mark the appropriate box:**

❒ I AM PART OF THE FIFA INTERNATIONAL REGISTERED TESTING POOL (IRTP)

❒ I AM PART OF THE FIFA PRE-COMPETITION TESTING POOL (PCTP)

❒ I AM PARTICIPATING IN A FIFA COMPETITION[1]: _____
(NAME OF FIFA COMPETITION)

❒ I AM PART OF A NATIONAL ANTI-DOPING ORGANISATION (NADO) TESTING POOL: _____
(NAME OF NADO)

❒ REQUEST FOR RECOGNITION OF TUE ISSUED BY NADO

❒ NONE OF THE ABOVE

[1] Refer to the FIFA TUE policy, which is published on www.fifa.com/medical , http://extranet.fifa.com/medical and http://www.fifa.com/antidoping for the list of the designated competitions.

**Reply to be sent:**

❒ by fax Number: _____
(Please include country and area codes.)

❒ by e-mail Address: _____

❒ by post Address: _____

_____

_____

## 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. MEDICAL DETAILS

| PROHIBITED SUBSTANCE(S) – GENERIC NAME | DOSE | ROUTE OF ADMINISTRATION | FREQUENCY OF ADMINISTRATION |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |

| | |
|---|---|
| **Intended duration of treatment:**<br>*(Please tick appropriate box)* | Once only ❒ Emergency ❒<br>Emergency date _____<br>Or duration (weeks/months) _____ |

**In the case of emergency treatment, treatment of an acute medical condition or in exceptional circumstances, please provide all relevant information regarding the emergency or why there was not sufficient time to submit a TUE application.**

_____

_____

_____

_____

**Have you submitted any previous TUE applications:** Yes ❒ No ❒

For which substance? _____

To whom? _____

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.

**NAME:** _____

**MEDICAL SPECIALITY:** _____

**ADDRESS:** _____

**TEL.:** _____ **E-MAIL:** _____

**MOBILE:** _____ **FAX:** _____

**SIGNATURE OF MEDICAL DOCTOR:** _____ **DATE:** _____

## 5. PLAYER'S DECLARATION

I, _____, certify that the information given under point 1 is accurate and that I am requesting approval to use a substance or method on the WADA Prohibited List. I authorise the release of personal medical information to the FIFA Anti-Doping Unit and relevant FIFA bodies, the WADA TUEC (Therapeutic Use Exemption Committee) as well as WADA authorised staff, and other ADO TUEC and authorised staff under the provisions of the World Anti-Doping Code. I understand that if I ever wish to revoke the right of these organisations to obtain information regarding my health on my behalf, I must notify my medical practitioner and FIFA in writing to this effect.

**PLAYER'S SIGNATURE:** _____ **DATE:** _____

**PARENT/GUARDIAN'S SIGNATURE:** _____ **DATE:** _____

*(If the player is a minor or has a disability preventing him/her from signing this form, a parent or guardian must sign with or on behalf of the player.)*

## 6. NOTE

| | |
|---|---|
| **NOTE 1** | **DIAGNOSIS**<br>Evidence confirming the diagnosis must be attached and forwarded with this application. Medical evidence should include a comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies according to the FIFA TUE policy.<br><br>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 medical opinion will be used to support this application. |

**INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL BE RETURNED AND WILL NEED TO BE RESUBMITTED**

**PLEASE SEND THE COMPLETED FORM TO THE CONFIDENTIAL FAX NUMBER AT THE FIFA MEDICAL OFFICE:**

**+41 43 222 75 03**

**TREATMENT MAY BE ADMINISTERED ONLY ONCE FIFA HAS APPROVED THE TUE REQUEST!**