



Therapeutic Use Exemption (TUE) Application Form

Please complete **all** sections in **BLOCK CAPITALS** or typing. Athlete to complete sections 1, 5, 6 and 7; Physician to complete sections 2, 3 and 4. **Incomplete** or **illegible** applications will be returned and will need to be resubmitted in legible and complete form.

1. Athlete Information

Surname:	Given Names:
Female: <input type="checkbox"/> Male: <input type="checkbox"/> (tick appropriate box)	
Address:	
City:	Country: Postcode:
Date of Birth (dd/mm/yy):	
Tel. Work:	Tel. Home: Mobile:
E-mail:	
Fax:	
International or National Association:	

2. Medical Information (continue on separate sheet if necessary)

Diagnosis:
If a permitted medication can be used to treat the medical condition, please provide clinical justification for the requested use of a prohibited medication:

Note	Diagnosis: <i>Evidence confirming the diagnosis must be attached and forwarded with this application. The medical evidence must 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>
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3. Medication Details *(see note 3)*

Prohibited Substance(s): (Generic Name)	Dose	Route of administration	Frequency	Duration of Treatment
1.	
2.	
3.	

4. Medical Practitioner's Declaration

I certify that the information in sections 2 and 3 above is accurate, and that the above-mentioned treatment is medically appropriate.

Name:

Medical Speciality:

Address:

City:

Country:

Postcode:

Tel. Work:

Tel. Home:

Mobile:

E-mail:

Signature of Medical Practitioner:

Date:

5. Retroactive Applications

Is this a retroactive application? YES: NO:

If yes:

What date was treatment started:

Please tick box to indicate reason for retroactive application:

Emergency treatment or treatment of an acute medical condition was necessary

Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection

Advance application not required under applicable rules

Other

Please explain:

6. Previous Applications

Have you submitted any previous TUE applications? YES: NO:

If yes, for which substance or method:

To whom?

When?

Decision: Approved: Not Approved:

7. Athlete's Declaration

I _____ certify that the information set out under sections 1, 5 and 6 is accurate. I authorise the release of personal medical information related to this application to the World Squash Federation as well as to World Anti-Doping Agency (WADA) authorised staff, to WSF's Therapeutic Use Exemption Committee (TUEC) and to other Anti-Doping Organisations (ADO) under the World Anti-Doping Code ("Code") and/or the International Standard for Therapeutic Use Exemptions.

I consent to my physician(s) releasing to the above persons any health information that they may deem necessary in order to consider and determine my application.

I understand that my information will only be used for evaluating my TUE request and in the context of potential anti-doping rule violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my health information; (2) exercise my right of access and correction; (3) revoke the right of these organisations to obtain my health information, I must notify my medical practitioner and the WSF in writing of the 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 in the *Code*.

I consent to the decision on this application being made available to all ADOs, or other organisations, with Testing authority and/or results management authority over me.

I understand and accept that the recipients of my information and of the decision on this application may be located outside the country where I reside. In some of these countries data protection and privacy laws may not be equivalent to those in my country of residence.

I understand that if I believe 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 an impairment preventing him/her signing this form, a parent or guardian shall sign on behalf of the Athlete)

**Please take a copy of the form for your record and submit the completed application to:
World Squash Federation, 25 Russell Street, Hastings, East Sussex, TN34 1QU, United Kingdom
Confidential fax: +44 1424 430 737 / e-mail: wsf@worldsquash.org**