

THERAPEUTIC USE EXEMPTION (TUE) APPLICATION

- Please complete ALL sections in CAPITAL LETTERS or typing. Incomplete applications will be returned.
- No TUE will be in effect until the athlete is notified in writing following review of the documentation.
- Please submit your application to VADA by fax at (702) 255-8420 or by email to TUE@VADA-testing.org and keep a copy for your records.
- Use extra pages if necessary.

If you do not receive confirmation of receipt of your TUE application within 3 business days, please contact VADA immediately

Athlete Information

NAME: _____
last first middle

GENDER: ☐ MALE ☐ FEMALE

DATE OF BIRTH: _____
month / day / year

PHYSICAL ADDRESS: (Where you currently reside. No P.O. Boxes)

MAILING ADDRESS: (If different from physical address)

street address apt. _____

city state zip code country _____

() ()
home telephone number cell phone number

city state zip code country _____

_____ e-mail address
(by entering an email address, you agree to receive communication about this TUE by email)

Do you speak, read, and understand English comfortably? ☐ YES ☐ NO

If you would like to nominate someone else to speak to VADA regarding this TUE application, please list their name(s) and relationship here:

Please list any upcoming competitions you intend to participate in (INCLUDE DATES AND LOCATIONS):

List all medications, dietary supplements, over-the-counter medications, vitamins, or similar substances that you currently consume regularly or have consumed within the past fourteen days:

Previous TUE Applications

Have you previously submitted a TUE Application: ☐ YES ☐ NO

Previous Application No. 1:

For which substance (generic name)? _____

What was the reason the substance was used? _____

To which organization was it submitted? _____

When was it submitted? _____

What was the outcome? ☐ Approved ☐ Not Approved

Previous Application No. 2:

For which substance (generic name)? _____

What was the reason the substance was used? _____

To which organization was it submitted? _____

When was it submitted? _____

What was the outcome? ☐ Approved ☐ Not Approved

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Medical Practitioner

NAME: _____
last first middle

QUALIFICATIONS (e.g. MD): _____

ADDRESS: _____
street address

city state zip code country

() telephone () mobile/cell

() fax e-mail address

Medication Information: Diagnosis with Sufficient Medical Information

Evidence confirming the diagnosis must be attached and forwarded with this application. In those cases where the evidence is not written in English, a summary in English should be enclosed. The medical evidence should include a comprehensive medical history and summarize the results of all relevant examinations, laboratory investigations and imaging studies. Copies of the original reports or letters should be included where possible. Evidence should be as objective as possible in the clinical circumstances and, in the case of non-demonstrable conditions, independent supporting medical opinion should be provided in support of this application. VADA must have enough medical documentation to come to the same diagnosis without seeing the patient.

DIAGNOSIS: _____

MEDICAL EXAMINATION(S)/TEST(S) PERFORMED: _____

Medication Details

Prohibited Substance(s)/Method(s) Generic Name	Dosage, Strength & Frequency (including number of e.g. pills/puffs)	Route of administration	Treatment starts (dd/mm/yy)	Treatment finishes (dd/mm/yy)



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Medical Practitioner's Declaration (to be completed by medical practitioner)

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

SIGNATURE OF MEDICAL PRACTITIONER: _____

DATE: _____

Athlete Declaration

I certify that the information is accurate and that I am requesting approval to use a substance or method that is prohibited by the Voluntary Anti-Doping Association (VADA). I authorize the release of my personal medical information to VADA and any independent medical or scientific experts appointed by VADA. I understand that if I ever wish to revoke the right of VADA to obtain my health information, I must notify VADA and my medical practitioner(s) in writing of that fact. I have read and understood VADA's current TUE policy. By completing and submitting this form I consent to the use for legitimate anti-doping purposes of the information provided in this form and in all past or future filings or documents submitted to VADA. I understand that using any prohibited substance or method is at my own risk of committing a doping violation until my request has been approved and I receive approval in writing from VADA.

I have read and fully understand the above declaration and information requested.

SIGNATURE OF ATHLETE: _____

DATE: _____