THERAPEUTIC USE EXEMPTION FORM

INCOMPLETE APPLICATIONS WILL BE RETURNED AND WILL NEED TO BE RESUBMITTED AS PER ART.6.4 OF THE INTERNATIONAL STANDARDS FOR TUEs

This application for a TUE should be submitted by the athlete not less than thirty (30) days before he/she needs the approval as per ART.6.1 of the International Standards of TUEs

Medical tests and examinations MUST BE attached to this TUE (See Note 1) as per Art.6.2 of the International Standard of TUEs

PLEASE COMPLETE ALL SECTIONS IN CAPITAL LETTERS

1. Athlete Information

Surname: _____ **Name:** _____

Gender: Female ☐ Male ☐ **Date of Birth (d/m/y):** _____

Address: _____

Country: _____ **Postcode:**_____ **I.D. :**_____

Tel.: _____ **Email:** _____
(*with international code*)

Sport: _____ **Discipline/Position:** _____

International or National Sport Organization: _____

Please mark the appropriate box:

☐ I am part of an International Federation Registered Testing Pool
☐ I am part of a National Anti-Doping Organization Testing Pool
☐ I am participating in an International Federation event for which a TUE granted pursuant to the International Federation's rules is required[1] -
Name of the competition:_____
☐ None of the above

If athlete with disability, indicate disability: _____

[1] Refer to your International Federation for the list of designated events

2. Medical information (PLEASE WRITE LEGIBLY IN CAPITAL LETTERS)

Note 1	**Diagnosis** *Evidence confirming the diagnosis shall be attached and forwarded with this application. The medical information 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. In the case of non-demonstrable conditions, independent supporting medical opinion will assist this application. WADA maintains a series of guidelines to assist physicians in the preparation of complete and thorough TUE applications. These TUE Physician Guidelines can be accessed by entering the search term "Medical Information" on the WADA website: https://www.wada-ama.org. The guidelines address the diagnosis and treatment of a number of medical conditions commonly affecting athletes, and requiring treatment with prohibited substances.*

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

_____

_____

_____

_____

_____

_____

Diagnosis Class *(Please tick one)*

☐ Auto immune disease
☐ Circulatory system disease
☐ Digestive system disease
☐ Disease of musculoskeletal system
☐ Ear, nose and throat disease
☐ Endocrine and metabolic disease
☐ Female genital tract disorder
☐ Genito urinary system disease
☐ Hematologic disease
☐ Nervous system disease
☐ Ophthalmic disorder
☐ Respiratory disease
☐ Skin disease
☐ Transplant
☐ Tumors and neoplasms

3. Medication details (Please make sure the substance/s is/are on the Prohibited List)

Prohibited substance(s): Generic name and Trade name	**Dose**	**Route**	**Frequency**	**Duration of Treatment**
1.		☐ Inhaler ☐ Nasal Spray ☐ Oral Tablets ☐ Rectal ☐ Intravenous ☐ Intramuscular ☐ Intra-Articular ☐ Subcutaneous ☐ _____		
2.		☐ Inhaler ☐ Nasal Spray ☐ Oral Tablets ☐ Rectal ☐ Intravenous ☐ Intramuscular ☐ Intra-Articular ☐ Subcutaneous ☐ _____		

3.		☐ Inhaler ☐ Nasal Spray ☐ Oral Tablets ☐ Rectal ☐ Intravenous ☐ Intramuscular ☐ Intra-Articular ☐ Subcutaneous ☐ _____		
4.		☐ Inhaler ☐ Nasal Spray ☐ Oral Tablets ☐ Rectal ☐ Intravenous ☐ Intramuscular ☐ Intra-Articular ☐ Subcutaneous ☐ _____		

4. Medical Practitioner's Declaration

I certify that the information at Sections 2 and 3 above is accurate and that the above-mentioned treatment is medically appropriate and that the above-mentioned treatment is medically appropriate.

Name: _____

Medical specialty: _____

Address: _____ **Stamp of Medical Practitioner**

Tel.: _____

Fax: _____

Email: _____

Reg. No. of Medical Practitioner: _____

Signature of Medical Practitioner:_____ **Date:**_____

5. Retroactive applications

Is this a retroactive application? Yes ☐ No ☐ If yes, on what date was the treatment started? _____	**Please indicate reason:** ☐ 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

Has the athlete submitted any previous TUE application?:	Yes ☐ No ☐
For which substance?	
To whom?	
When?	
Decision:	Approved ☐ Not Approved ☐

5. Athlete's Declaration

I, _____, certify that the information set out at sections 1, 5 and 6 is accurate. I authorize the release of personal medical information to the Anti-Doping Organization (ADO) as well as to WADA authorized staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO TUECs and authorized staff that may have a right to this information 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 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; or (3) revoke the right of these organizations to obtain my health information, I must notify my medical practitioner and my ADO in writing of that 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 by the *Code*.

I consent to the decision on this application being made available to all ADOs, or other organizations, 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 that 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 or guardian's name: _____

Parent or guardian's signature: _____ **Date:** _____

(if the athlete is a minor or has a disability preventing him/her to sign this form, a parent or a guardian shall sign together with or on behalf of the athlete)

INCOMPLETE APPLICATIONS WILL BE RETURNED AND WILL NEED TO BE RESUBMITTED.

This application should be submitted by the athlete not less than thirty (30) days before he/she needs the approval.

Medical tests and examinations MUST BE attached to this TUE.

Please submit the completed form by mail, fax or email to the Therapeutic Use Exemption Committee and keep a copy for your records.

By Mail:
NADOMALTA
Triq Falaise,
Pembroke

By Email:
antidoping@gov.mt