



# Therapeutic Use Exemptions

## Abbreviated Process

**(beta-2 agonists by inhalation, glucocorticosteroids by non-systemic routes)**

*I apply for approval from Fédération Internationale de Natation (FINA) for the therapeutic use of a prohibited substance on the WADA List of Prohibited Substances and Prohibited Methods that is subject to the Abbreviated Therapeutic Use Exemption Application Process.*

**Please complete all sections**

### 1. Athlete Information

Surname: .....	Given Names: .....
Female <input type="checkbox"/> Male <input type="checkbox"/> ( <i>tick appropriate box</i> )	
Address: .....	
City: .....	Country : .....
Postcode: .....	
Date of Birth (d/m/y): .....	
Tel. Work: .....	Tel. Home : .....
Mobile: .....	
E-mail: .....	Fax: .....
Sport: .....	Discipline/Position: .....
National Sporting Organization: .....	
If athlete with disability, indicate disability: .....	

### 2. Notifying medical practitioner

Name, qualifications and medical speciality ( <i>see note 1</i> ): .....	
.....	
Address: .....	
.....	
E-mail address: .....	
Tel. Work: .....	Tel. Home: .....
Mobile: .....	Fax: .....

3. Medical information

Diagnosis: .....

Medical examination(s)/test(s) performed: .....

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Prohibited substance(s):	Dose of administration	Route of administration	Frequency of administration
Anticipated duration of this medication plan			

Additional information

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4. Medical practitioner’s and athlete’s declaration

I, ..... certify the above-mentioned substance/s for the above named athlete has been/are to be administered as the correct treatment for the above named medical condition. I further certify that the use of alternative medications not on the Prohibited List would be unsatisfactory for the treatment of the above named medical condition. Specify reasons: .....

**Signature of Medical Practitioner:** ..... **Date:** .....

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 FINA as well as to WADA staff and to the WADA TUEC (Therapeutic Use Exemption Committee) as well as to other Anti-Doping Organizations under the provisions of the Code. I understand that if I ever wish to revoke the right of FINA TUEC or WADA TUEC to obtain my health information on my behalf, I must notify my medical practitioner in writing of that fact.

**Athlete's signature:** ..... **Date:** .....

**Parent's/Guardian's signature:** ..... **Date:** .....

*(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)*