



Therapeutic Use Exemptions Standard Application Form

I apply for approval from the Medical Commission for the therapeutic use of a prohibited substance on the WADA List of Prohibited Substances and Prohibited Methods.

Please complete all sections

1. Competitors Information

Surname:		GivenNames:	
Female	Male	<i>(tick appropriate box)</i>	
Address:			
City:		Country:	
Date of Birth (d/m/y):			
Tel. Work:		Tel. Home:	
		Mobile:	
E-mail:		Fax:	
National Bridge Organization:			
If Competitor with disability, indicate disability:			

2. Notifying medical practitioner

Name, qualifications and medical speciality (see note 1):	
.....	
.....	
Address:	
.....	
E-mail address:	
.....	
Tel. Work:	
Tel. Home:	
.....	
Mobile:	
Fax:	
.....	
*Diagnosis:	
.....	

Application No.:

3. Medication details (see note 4)

Prohibited Substance (s):	Dose of administration	Route of administration	Frequency of administration
1.			
2.			
3.			
4.			

Anticipated duration of this medication plan	
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Previous / Current TUE request(s): yes no

If yes: Date:

 Anti-Doping Organization:

 Result (*attach previous TUE(s)*):

If appropriate, reasons for not prescribing alternative therapies:

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4. Please note additional information and attach sufficient medical information to substantiate the diagnosis and the necessity to use a prohibited substance:

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Application No.:

5. Medical practitioner's and competitors

I, certify the above-mentioned substance/s for the above-named competitor has been/are to be administered as the correct treatment for the above-named medical condition.

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

Competitor's signature: **Date:**

Application No.:

6. TUEC Decision (*for office use only*)

Date Received:

Application Complete:	yes	no
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Office Notes:
.....
.....
.....

Name of TUEC Representative(s):
Signature(s):
.....
Date:

Please send this form, duly completed to:

Dr Yves Aubry
World Bridge Federation
Medical Commission
48 Avenue du Général de Gaulle
56890 Plescop
France

To arrive no later than 21 days before the start of the competition being entered