





# THERAPEUTIC USE EXEMPTION (TUE) APPLICATION



## Medical Practitioner

NAME: \_\_\_\_\_  
Last first middle

QUALIFICATIONS (e.g. MD) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street address

City State Zip code country  
( ) ( ) ( )  
phone number fax phone number Cell number Email 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 AND SIGNIFICANT FINDINGS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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: \_\_\_\_\_

STAMP:

### Boxer 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 BOXER: \_\_\_\_\_ DATE: \_\_\_\_\_