

THERAPEUTIC USE EXEMPTION (TUE) APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS IN CAPITAL LETTERS OR TYPING. PLAYER TO COMPLETE SECTIONS 1, 5, 6 AND 7; PHYSICIAN TO COMPLETE SECTIONS 2, 3 AND 4. ILLEGIBLE OR INCOMPLETE APPLICATIONS WILL BE RETURNED AND WILL NEED TO BE RE-SUBMITTED IN LEGIBLE AND COMPLETE FORM.

NOTE THAT THIS TUE APPLICATION FORM AS WELL AS THE ENTIRE MEDICAL FILE (INCLUDING ALL REPORTS AND DOCUMENTS) MUST BE COMPLETED IN ONE OF THE TWO LANGUAGES (ENGLISH AND FRENCH).

1. PLAYER INFORMATION

SURNAME: _____	FIRST NAME(S): _____
FEMALE <input type="checkbox"/>	MALE <input type="checkbox"/>
	DATE OF BIRTH (DAY/MONTH/YEAR) _____
ADDRESS: _____	
CITY: _____	COUNTRY: _____
TEL: _____ (WITH INTERNATIONAL CODE)	EMAIL: _____
NATIONALITY: _____	
NAME OF CLUB OR NATIONAL FOOTBALL ASSOCIATION: _____	
IF YOU ARE AN ATHLETE WITH AN IMPAIRMENT, PLEASE INDICATE THE IMPAIRMENT: _____ _____	

Please mark the appropriate box:

- I AM PART OF THE CAF INTERNATIONAL REGISTERED TESTING POOL (IRTP)
- I AM PART OF THE CAF PRE-COMPETITION TESTING POOL (PCTP)
- I AM PARTICIPATING IN A CAF COMPETITION¹: _____
(NAME OF CAF COMPETITION)
- I AM PART OF A NATIONAL ANTI-DOPING ORGANISATION (NADO) TESTING POOL: _____
(NAME OF NADO)
- NONE OF THE ABOVE



Reply to be sent:

by email Address: _____

by post Address: _____

2. MEDICAL INFORMATION (CONTINUE ON SEPARATE SHEET IF NECESSARY)

DIAGNOSIS WITH DETAILED MEDICAL INFORMATION (SEE NOTE 1 BELOW):

If a permitted medication can be used to treat the medical condition, provide the clinical justification for the requested use of the prohibited medication:

NOTE 1 – DIAGNOSIS

Evidence confirming the diagnosis must be attached to 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 whenever 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.

3. MEDICATION DETAILS (CONTINUE ON SEPARATE SHEET IF NECESSARY)

PROHIBITED SUBSTANCE(S) – GENERIC NAME	DOSE	ROUTE OF ADMINISTRATION	FREQUENCY OF ADMINISTRATION	DURATION OF TREATMENT
1.				



2.				
3.				

4. MEDICAL PRACTITIONER'S DECLARATION

I certify that the information in sections 2 and 3 above is accurate, and that the above-mentioned treatment is medically appropriate.

NAME: _____

MEDICAL SPECIALITY: _____

ADDRESS: _____

TEL.: _____ EMAIL: _____

MOBILE: _____ FAX: _____

SIGNATURE OF MEDICAL PRACTITIONER: _____ DATE: _____

5. RETROACTIVE APPLICATIONS

IS THIS A RETROACTIVE APPLICATION?

Yes No

If yes, on what date was treatment started? _____

PLEASE CHOOSE ONE:

- 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
- Fairness (WADA and CAF approval required)

Please explain: _____

6. PREVIOUS APPLICATIONS

Have you submitted any previous TUE application(s) to an ADO? Yes No

If yes, for which substance or method? _____

To whom? _____ When? _____

Decision: Approved Not approved

7. PLAYER'S DECLARATION

I, _____, certify that the information set out at sections 1, 5 and 6 is accurate. I authorise the release of personal medical information to the anti-doping organisation (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. These people are subject to a professional or contractual confidentiality obligation.

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 any rights I may have, such as my right of access, rectification, restriction, and opposition; or (3) revoke the right of these organisations 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 purpose of investigations or proceedings related to a possible anti-doping rule violation, where this is required by the Code, International Standards, or national anti-doping laws; or to establish, exercise or defend a legal claim involving me, WADA, and/or the ADO.

I consent to the decision on this application being made available to all ADOs, or other organisations 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 my information may be stored in ADAMS, which is hosted by WADA on servers based in Canada, and will be retained for the duration as indicated in the WADA International Standard for the Protection of Privacy and Personal Information (ISPPPI).

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 (privacy@wada-ama.org) or CAF or to the national regulator responsible for data protection in my country.

I understand that the entities mentioned above may rely on and be subject to national anti-doping laws that override my consent or other applicable laws that may require information to be disclosed to local courts, law enforcement, or other public authorities. I can obtain more information on national anti-doping laws from CAF or my National Anti-Doping Agency.

PLAYER'S SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

(If the player is a minor or has an impairment preventing him/her from signing this form, a parent or guardian shall sign with or on behalf of the player.)

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

PLEASE SUBMIT THE COMPLETED FORM TO THE CONFIDENTIAL EMAIL ADDRESS OF THE CAF ANTI-DOPING UNIT. AS A FIRST STEP, PLEASE SEND A FORMAL EMAIL ONLY TO CAF.TUE@CAFONLINE.COM, WITHOUT ATTACHING THE TUE APPLICATION FORM OR RELEVANT MEDICAL DOCUMENTS. CAF WILL SEND YOU A PERSONALISED LINK TO AN ENCRYPTED FOLDER. YOU WILL THEN BE ASKED TO UPLOAD THE TUE APPLICATION FORM AND THE RELEVANT MEDICAL DOCUMENTS INTO THAT ENCRYPTED FOLDER. PLEASE NEVER SEND PERSONAL INFORMATION OVER EMAIL.