

Please complete all sections in **capital letters or typing**. Athlete to complete sections 1, 2, 3 and 7; Physician to complete sections 4, 5 and 6. Illegible or incomplete applications will be returned and will need to be re-submitted in legible and complete form. If you already have an ADAMS account, please upload this application form directly in ADAMS. If you do not have an ADAMS account, please contact us at [tue@ita.sport](mailto:tue@ita.sport).

## 1. ATHLETE INFORMATION

<b>LAST NAME</b>			
<b>FIRST NAME(S)</b>			
<b>SPORT GENDER</b>			
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="text" value="FREE TEXT"/>	<b>DATE OF BIRTH</b>	<i>dd</i>	<i>mm</i>
<b>ADDRESS</b>			
<b>CITY</b>		<b>COUNTRY</b>	
<b>POSTCODE</b>		<b>TELEPHONE</b>	<i>with international code</i>
<b>E-MAIL</b>			
<b>SPORT</b>			
<b>DISCIPLINE</b>			
<b>COMPETITION NAME</b>			
<b>COMPETITION DATE</b>	<i>dd</i>	<i>mm</i>	<i>yyyy</i>

## 2. PREVIOUS APPLICATIONS

Have you submitted any previous TUE application(s) to any Anti-Doping Organization for the same condition?

YES    
  NO

<b>FOR WHICH SUBSTANCE(S) OR METHOD(S)?</b>			
<b>TO WHOM?</b>			
<b>WHEN?</b>	<i>dd</i>	<i>mm</i>	<i>yyyy</i>
<b>APPROVED</b>	<b>NOT APPROVED</b>		

### 3. RETROACTIVE APPLICATIONS

Is this a retroactive application?

YES	NO	IF YES, ON WHAT DATE WAS THE TREATMENT STARTED?	dd	mm	yyyy

**Do any of the following exceptions apply? (Article 4.1 of the ISTUE):**

- 4.1 (a)** - You required emergency or urgent treatment of a medical condition.
- 4.1 (b)** - There was insufficient time, opportunity or other exceptional circumstances that prevented you from submitting the TUE application, or having it evaluated, before getting tested.
- 4.1 (c)** - You were not permitted or required to apply in advance for a TUE as per your International Federation or National Anti-Doping Organization anti-doping rules.
- 4.1 (d)** - You are a lower-level athlete who is not under the jurisdiction of an International Federation or National Anti-Doping Organization and were tested.
- 4.1 (e)** - You tested positive after using a substance Out-of-Competition that was only prohibited In-Competition, e.g., S9 glucocorticoids (See [Prohibited List](#))

*Please explain (if necessary, attach further documents)*

**Other Retroactive Applications (Article 4.3 of the ISTUE):**

In rare and exceptional circumstances notwithstanding any other provision in the ISTUE, an Athlete may apply for and be granted retroactive approval for their TUE if, considering the purpose of the Code, it would be manifestly unfair not to grant a retroactive TUE.

*In order to apply under Article 4.3, please include a full reasoning and attach all necessary supporting documentation.*

Physician to complete sections 4, 5 and 6.

## 4. MEDICAL INFORMATION (PLEASE ATTACH RELEVANT MEDICAL DOCUMENTATION)

Diagnosis (Please use the latest WHO ICD classification if possible):

## 5. MEDICATION DETAILS

PROHIBITED SUBSTANCE(S) /METHOD(S) GENERIC NAME(S) & ACTIVE INGREDIENT(S)	DOSAGE (cc, IU, mg, ml etc...)	ROUTE OF ADMINISTRATION (Ophthalmic, Oral, Topical, Inhalation, Rectal, Injection -Intra-muscular/ Intra-articular/ Intravenous etc.)	FREQUENCY (every # of day(s), every # of hour(s), # of times/day)	DURATION OF TREATMENT (intended dates of intake)
1.				
2.				
3.				
4.				
5.				

Evidence confirming the diagnosis must 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. In addition, a short summary that includes the diagnosis, key elements of the clinical exams, medical tests and the treatment plan would be helpful.

If a permitted medication can be used to treat the medical condition, please provide justification for the therapeutic use exemption for the prohibited medication.

WADA maintains a series of TUE Checklists to assist athletes and physicians in the preparation of complete and thorough TUE applications. These can be accessed by entering the search term "Checklist" on the WADA website: <https://www.wada-ama.org>.

## 6. MEDICAL PRACTITIONER'S DECLARATION

I certify that the information in sections 4,5 and 6 above is accurate. I acknowledge and agree that my personal information may be used by Anti-Doping Organization(s)(ADO) and the International Testing Agency (ITA) to contact me regarding this TUE application, to verify the professional assessment in connection with the TUE process, or in connection with Anti-Doping Rule Violation investigations or proceedings. I further acknowledge and agree that my personal information will be uploaded to the Anti-Doping Administration and Management System (ADAMS) for these purposes (see the [ADAMS Privacy Policy](#) for more details).

NAME			
MEDICAL SPECIALTY:			
LICENSE NUMBER:		LICENSE BODY:	
ADDRESS			
CITY		COUNTRY	
POSTCODE		TELEPHONE	with international code
E-MAIL		FAX	with international code

SIGNATURE OF MEDICAL PRACTITIONER:

DATE

dd

mm

yyyy

## 7. ATHLETE'S DECLARATION

I, \_\_\_\_\_, certify that the information set out at sections 1, 2, 3 and 7 is accurate and complete.

I understand that my International Federation has delegated the processing and review of TUE applications to the International Testing Agency (ITA) which is a not-for-profit foundation providing independent expert anti-doping services to International Federations and Major Event Organizers.

I authorize my physician(s) to release the medical information and records that they deem necessary to evaluate the merits of my TUE application to the following recipients: the ITA and the Anti-Doping Organization(s)(ADO) responsible for making a decision to grant, reject, or recognize my TUE; the World Anti-Doping Agency (WADA), who is responsible for ensuring determinations made by ADOs respect the ISTUE; the physicians who are members of the ITA and the relevant ADO(s) and WADA TUE Committees (TUECs) who may need to review my application in accordance with the World Anti-Doping Code and International Standards; and, if needed to assess my application, other independent medical, scientific or legal experts.

I further authorize the ITA and my International Federation to release my complete TUE application, including supporting medical information and records, to other ADO(s) and WADA for the reasons described above, and I understand that these recipients may also need to provide my complete application to their TUEC members and relevant experts to assess my application.

I have read and understood the TUE Privacy Notice explaining how my personal information will be processed in connection with my TUE application, and I accept its terms.

ATHLETE'S SIGNATURE:

DATE

dd

mm

yyyy

PARENT'S/GUARDIAN'S SIGNATURE:

DATE

dd

mm

yyyy

*(If the Athlete is a Minor or has an impairment preventing them from signing this form, a parent or guardian shall sign on behalf of the Athlete)*

## TUE PRIVACY NOTICE

This Notice is issued on behalf of your International Federation and of the International Testing Agency (ITA) – a non-for-profit foundation under Swiss Law with its registered office in Avenue de Rhodanie 58, 1007 Lausanne, Switzerland. Your International Federation has delegated the management of TUE applications to the ITA who has appointed a TUE Committee to review TUE applications on behalf of your International Federation. This Notice describes the personal information processing that will occur in connection with your submission of a TUE Application.

### TYPES OF PERSONAL INFORMATION (PI)

- The information provided by you or your physician(s) on the TUE Application Form (including your name, date of birth, contact details, sport and discipline, the diagnosis, medication, and treatment relevant to your application);
- Supporting medical information and records provided by you or your physician(s); and
- Assessments and decisions on your TUE application by Anti-Doping Organizations (ADOs), including the ITA, WADA and their TUE Committees and other TUE experts, including communications with you and your physician(s), relevant ADOs or support personnel regarding your application.

### PURPOSES & USE

Your PI will be used in order to process and evaluate the merits of your TUE application in accordance with the International Standard for Therapeutic Use Exemptions. In some instances, it could be used for other purposes in accordance with the World Anti-Doping Code (Code), the International Standards, and the anti-doping rules of ADOs with authority to test you. This includes:

- Results management, in the event of an adverse or atypical finding based on your sample(s) or the Athlete Biological Passport; and
- In rare cases, investigations, or related procedures in the context of a suspected Anti-Doping Rule Violation (ADRV).

### TYPES OF RECIPIENTS AND INTERNATIONAL TRANSFERS

Your PI, including your medical or health information and records, may be shared with the following:

- ADO(s) responsible for making a decision to grant, reject, or recognize your TUE, as well as their delegated third parties such as the ITA and its International Therapeutic Use Exemption Committee (ITUEC). The decision to grant or deny your TUE application will also be made available to ADOs with testing authority and/or results management authority over you;
- WADA authorized staff;
- Members of the TUE Committees (TUECs) of each relevant ADO and WADA; and
- Other independent medical, scientific or legal experts, if needed.

Note that due to the sensitivity of TUE information, only a limited number of ADOs, ITA and WADA staff will receive access to your application. ADOs (including WADA) must handle your PI in accordance with the International Standard for the Protection of Privacy and Personal Information (ISPPPI). You may also consult the ITA or the ADO to which you submit your TUE application to obtain more details about the processing of your PI.

The international transfer of your PI to third countries and international organizations takes place in accordance with the Code and the ISPPPI. When transferring your PI internationally we make sure to comply with applicable laws and regulations, for example, by ensuring that the recipients of your information maintain appropriate safeguards and provide an adequate level of data protection.

Your PI will also be uploaded to ADAMS by the ITA or the ADO who receives your application so that it may be accessed by other ADOs and WADA as necessary for the purposes described above. ADAMS is hosted in Canada and is operated and managed by WADA. For details about ADAMS, and how WADA will process your PI, consult the ADAMS Privacy Policy ([ADAMS Privacy Policy](#)).

### FAIR & LAWFUL PROCESSING

When you sign the Athlete Declaration, you are confirming that you have read and understood this TUE Privacy Notice. Where appropriate and permitted by applicable law, ADOs and other parties mentioned above may also consider that this signature confirms your express consent to the PI processing described in this Notice. Alternatively, ADOs and these other parties may rely upon other grounds recognized in law to process your PI for the purposes described in this Notice, such as the important public interests served by anti-doping, the need to fulfill contractual obligations owed to you, the need to ensure compliance with a legal obligation or a compulsory legal process, or the need to fulfill legitimate interests associated with their activities.

### RIGHTS

You have rights with respect to your PI under the ISPPPI, including the right to access and obtain a copy of your PI and to have your PI corrected, blocked or deleted and/or object to the processing of your PI in certain circumstances. You may have additional rights under applicable laws, such as the right to lodge a complaint with a data privacy regulator in your country.

Where the processing of your PI is based on your consent, you can revoke your consent at any time, including the authorization to your physician to release medical information as described in the Athlete Declaration. To do so, you must notify the ITA, your ADO(s) and your physician(s) of your decision. If you withdraw your consent or object to the PI processing described in this Notice, your TUE will likely be rejected as ADOs will be unable to properly assess it in accordance with the Code and International Standards.

In rare cases, it may also be necessary for the ITA and ADOs to continue to process your PI to fulfill obligations under the Code and the International Standards, despite your objection to such processing or withdrawal of consent (where applicable). This includes processing for investigations or proceedings related to ADRV, as well as processing to establish, exercise or defend against legal claims involving you, WADA and/or an ADO.

### SAFEGUARDS

All the information contained in a TUE application, including the supporting medical information and records, and any other information related to the evaluation of a TUE request must be handled in accordance with the principles of strict medical confidentiality. Physicians who are members of a TUE Committee and any other experts consulted must be subject to confidentiality agreements.

Under the ISPPPI, ADO staff must also sign confidentiality agreements, and ADOs must implement strong privacy and security measures to protect your PI. The ISPPPI requires ADOs to apply higher levels of security to TUE information, because of the sensitivity of this information. You can find information about security in ADAMS by consulting the response to [How is your information protected in ADAMS?](#) in our [ADAMS Privacy and Security FAQs](#).

### RETENTION

Your PI will be retained by the ITA and ADOs (including WADA) for the retention periods described in Annex A of the ISPPPI. TUE certificates or rejection decisions will be retained for 10 years. TUE application forms and supplementary medical information will be retained for 12 months from the expiry of the TUE. Incomplete TUE applications will be retained for 12 months.

### CONTACT

You can consult the ITA at [privacy@ita.sport](mailto:privacy@ita.sport) for questions or concerns about the processing of your PI. To contact WADA, use [privacy@wada-ama.org](mailto:privacy@wada-ama.org). Please submit the completed form to us via ADAMS (keeping a copy for your records) or contact [tue@ita.sport](mailto:tue@ita.sport)

Please submit the completed form to us via ADAMS (keeping a copy for your records) or contact [tue@ita.sport](mailto:tue@ita.sport).





**\*\*PRESCRIBING PHYSICIANS PLEASE READ\*\***

Occasionally, an athlete may have a condition that requires the use of medication(s) listed on the World Anti-Doping Agency's (WADA) Prohibited List. USADA can grant athletes a Therapeutic Use Exemption (TUE) in compliance with the WADA International Standard for TUEs. The TUE application process is thorough and designed to balance the need to provide athletes access to critical medication while protecting the rights of clean athletes to compete on a level playing field.

A TUE is not purely an assessment of whether or not the treatment is clinically reasonable but is focused on whether or not the treatment is performance-enhancing within the context of sport/athletic competition.

*The Therapeutic Use Exemption Committee (TUEC) must have enough medical documentation to be able to conduct a forensic diagnosis and treatment plan WITHOUT EVER SEEING THE PATIENT.* If this documentation is not provided, the TUE has the potential to either be returned to the athlete without review or denied by the TUEC. *Please refer to the [USADA Checklist and WADA Guidelines](#) for a list of items to include in the application packet for the athlete's specified condition.*

If the athlete's condition is not listed, please select the "Other Diagnoses" document for further direction on supporting documentation to include in the application. A thorough clinical file is essential for USADA to effectively assess and render a sound decision. WADA has created checklists which can be found at [WADA TUE Checklists](#). In general, all TUE applications require the following items:

- *A complete and legible TUE Application*
- *A comprehensive medical history of the athlete's condition (related to the prohibited medication or method)*
- *Copies of all relevant clinical evidence (include clinical visit & laboratory/imaging results)*
- *A statement from the physician outlining a medically justifiable rationale for why the prohibited substance/method is needed and why permitted alternatives are not appropriate. (Note: many TUEs are returned or denied because there is no documentation showing failed trials of permitted alternatives or explanation why an alternative is not feasible for treatment, e.g., side effects. Search the prohibited status of alternative medications on [GlobalDRO.com](#) or contact USADA Drug Reference at 719-785-2080 or [drugreference@usada.org](mailto:drugreference@usada.org) for more information.*

Requests for further information are not intended to question or dispute your diagnosis, but rather are an attempt to ensure the athlete is fully protected by any TUE granted by USADA. We understand collecting these items can be time consuming and we apologize for any burden on your time or your practice. If you have any questions or concerns regarding the TUE process, please contact the USADA TUE Team at 719-785-2045 or [tue@usada.org](mailto:tue@usada.org).

**COMPLETION OF THIS TUE APPLICATION DOES NOT GUARANTEE A TUE WILL BE GRANTED.**

**IN THE ABSENCE OF A SIGNED 'CERTIFICATE OF APPROVAL FOR THERAPEUTIC USE' GRANTED BY USADA, ATHLETES DO NOT HAVE PERMISSION TO USE A PROHIBITED SUBSTANCE AND/OR METHOD IN SPORT.**

Please submit your application to USADA and keep a copy for your records.

**To submit your complete TUE Application to USADA, please view Step 5 on our website to use our secure portal**

**\*\*Please do not submit jpegs/smartphone photos of this TUE Application\*\***

**If you do not receive confirmation of receipt within 3 business days, please contact the TUE Program Lead at 719-785-2045 immediately.**



## USADA Therapeutic Use Exemption (TUE) Application

**NOTE: Athletes complete sections 1, 2, and 3; Physicians complete sections 4, 5 and 6. Please don't staple application pages together if submitting via postal service. Please read ALL pages thoroughly.**

### 1. Athlete Information

Last Name:		First Name:	
Female <input type="checkbox"/>	Male <input type="checkbox"/>	Date of Birth (MM/DD/YYYY):	
Mailing Address:			
City:		State:	Zip Code:
Primary Phone:		Athlete's Email:	
Sport:		Discipline/Para-Classification:	
(By entering an email address, you agree to receive communication about this TUE by email.)			
What is your sport nationality?		<input type="checkbox"/> USA	<input type="checkbox"/> Other
US National Governing Body (NGB):		US NGB Membership or License Number:	
International Federation (IF):		IF Membership or License Number:	
Are you currently an NCAA Student-Athlete?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
ATHLETE REPRESENTATIVE: If you would like to nominate someone else to speak to USADA on your behalf regarding this TUE Application, please list their name(s) and information here:			
Name(s):		Relationship:	
Email:			

### 2. Athlete Competition Level and Schedule (PLEASE ANSWER EACH QUESTION WITH A "YES" OR "NO")

Are you presently or have you previously been designated as an International or National level Athlete in a whereabouts pool (ITP/RTP/CAP)? (Whereabouts Pool Athletes are required to submit information to be more easily located for urine & blood sample collection at any time and place)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you officially representing the United States (Team USA or Sport National Team) at an International or National Championship event in the <u>open or elite category</u> (this includes the <i>Olympic/Paralympic Games, Pan-American/Parapan Games and World University Games -- this does not include Masters/Age-Group/Juniors categories</i> )?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you intending to compete at an International or National event (to include <i>National Team/Olympic/Paralympic Trials</i> ) in the open or elite category that could qualify you for a World or National Championship?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you intending to compete at an International or National event in the junior, age-group or masters category with the expectation of a high placement or podium result?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been sanctioned for an anti-doping rule violation in the past 5 years by any sporting or anti-doping organization?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you sponsored or funded by the USOPC or any World Anti-Doping Code Signatory organization?	YES <input type="checkbox"/>	NO <input type="checkbox"/>



**COMPETITION SCHEDULE: Please list any upcoming National/International Events you intend to compete in.**

PLEASE INCLUDE SPECIFIC DATES AND EVENT NAMES.			If competing in age-group category, please check box.
Competition Name	Dates of Competition	Sanctioning Body (NGB or IF)	
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Can the results of any competitions listed potentially qualify you for immediate selection to the US National Team for an Olympic, Paralympic, Pan or Para-Pan American Games (including Youth Olympics)? Yes  No

**3. TUE Application Considerations (please circle only one option - Standard or Expedited)**

**Standard** No special circumstances, any athlete or condition, **21 calendar days to process** (if applicable)

**Expedited** Athlete is competing **within the next 21 days** (RTP athletes receive priority, all others will be processed accordingly), no guarantee a decision will be reached prior to the upcoming competition

**Retroactive** Is this a retroactive TUE application? YES  NO

If YES, on what date was the treatment started?

Do any of the following exceptions apply? (Article 4.1 of the ISTUE):

4.1 (a) - You required emergency or urgent treatment of a medical condition.

4.1 (b) - There was insufficient time, opportunity or other exceptional circumstances that prevented you from submitting the TUE application or having it evaluated before sample collection.

4.1 (c) - You were not permitted or required to apply in advance for a TUE as per the USADA TUE Policy.

4.1 (d) - You are a lower-level athlete who is not under the jurisdiction of an International Federation or National Anti-Doping Organization and were tested.

4.1 (e) - You tested positive after using a substance Out-of-Competition that was only prohibited In-Competition, e.g., Glucocorticoids (See WADA Prohibited List) Please provide a brief written summary of the circumstances below & any include additional written statements as attachments.

*Other Retroactive Applications (ISTUE Article 4.3) - In rare and exceptional circumstances notwithstanding any other provision in the ISTUE, an Athlete may apply for and be granted retroactive approval for their TUE if, considering the purpose of the Code, it would be manifestly unfair not to grant a retroactive TUE. In order to apply under Article 4.3, please include a full reasoning and attach all necessary supporting documentation.*

**PREVIOUS TUE APPLICATIONS (if applicable)**

Have you submitted any previous TUE application(s) to any Anti-Doping Organization for the same condition? Yes  No  To Whom? USADA  Other ADO

Which substance(s) or method(s)? When?

Decision reached: Approved  Denied  Returned/Incomplete





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**TUE Privacy Notice and Athlete Declaration:**

I, \_\_\_\_\_, certify that the information set out in sections 1, 2, and 3 is accurate and that I am requesting approval to use a Substance or Method from the World Anti-Doping Agency (WADA) Prohibited List. I authorize the release of my personal medical information to USADA and its applicable third parties, including, but not limited to, its Therapeutic Use Exemption Committee (TUEC) as well as to WADA staff, the WADA TUEC, other Anti-Doping Organization (ADO) TUECs, the appropriate International Federations (IF) and their TUEC under the provisions of the World Anti-Doping Code and/or the International Standard for Therapeutic Use Exemptions, or other independent medical, scientific, or legal experts, if needed.<sup>1</sup> Physicians who are members of a TUE Committee and any other experts consulted must be subject to confidentiality agreements.

I understand that my personal information provided by my physicians or me includes the information provided on the TUE application form (including my name, date of birth, contact details, sport and discipline, the diagnosis, medication, and treatment relevant to my application); supporting medical information and records provided by my physicians or me; and assessments and decisions on my TUE application by ADOs (including WADA) and their TUE Committees and other TUE experts, including communications with me and my physicians, relevant ADOs support personnel regarding my application.

I understand that my information will be used for processing and evaluating my TUE request, results management (in the event of an adverse or atypical finding based on your sample(s) or athlete biological passport) and in the context of potential anti-doping rule violation investigations and procedures. In some instances, it could be used for other purposes in accordance with the WADA Code, the International Standards, the anti-doping rules of ADOs with authority to test you, and the [USADA privacy policy](#).

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, opposition, or deletion; 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 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 an ADO. I consent to my physician(s) releasing to the above entities any health information that they deem necessary in order to consider and determine my application. I understand that I have the right to receive a copy of my TUE application and accompanying documents if I make a request in writing to USADA.

By signing below, I consent to the Processing, including collection, use, and storage, of my Personal Information provided in all past or future filings or documents submitted to USADA for the reasons described above. I further consent to my Personal Information (and any decisions resulting from information submitted) being uploaded into the informational databases of WADA, USADA (stored in the U.S.), other anti-doping organizations (as applicable), and third parties (as applicable) in accordance with the [USADA privacy policy](#) and/or the privacy policy of the relevant testing authority/ results management authority. I understand that I may contact USADA’s Compliance Manager for questions or concerns about the processing of my PI at [privacy@usada.org](mailto:privacy@usada.org) and may contact WADA at [privacy@wada-ama.org](mailto:privacy@wada-ama.org).

I understand that International and National-Level Athletes should submit the Form to USADA and USADA will forward the Form to the appropriate IF and/or TUEC. I understand that using any prohibited substance is at my own risk of committing a doping violation until my request has been approved and I receive approval in writing from USADA and/or my IF (if applicable).

I understand that my Personal Information may be governed by other applicable laws that may require disclosure to local courts, law enforcement, or other public authorities. I further understand that USADA will retain my personal information for the period of time during which such information remains relevant to fulfilling USADA’s obligations under the World Anti-Doping Code (the “Code”) or other International Standard, including the International Standard for the Protection of Privacy and Personal Information (“ISPPPI”), or where otherwise required by applicable law, regulation or compulsory legal process.

<sup>1</sup> Note that due to the sensitivity of TUE information, only a limited number of personnel will receive access to your application. ADOs and WADA must handle your personal information in accordance with applicable privacy laws, rules, and each organization’s privacy policy. You may consult [USADA’s privacy policy](#) to obtain more details about the processing of your personal information.

<b>Athlete Signature:</b>		<b>Date:</b>	
<b>Parent/Guardian Signature:</b>		<b>Date:</b>	

(If the Athlete is a Minor or has an impairment preventing them from signing this form, a parent or guardian shall sign on behalf of the Athlete)



**\*\*PHYSICIANS - PLEASE FILL OUT THE FOLLOWING SECTIONS\*\***

**4. Medical Information and Diagnosis (to be filled out legibly by a licensed physician)**

MEDICAL DIAGNOSIS:	
ICD or DSM CODE:	

**5. Medication Details**

PROHIBITED SUBSTANCE / METHOD (Generic or Brand Name)	DOSAGE (mg, mcg, mL)	ROUTE OF ADMINISTRATION (oral, injection, IV, etc.)	FREQUENCY (tabs/puffs/inj. per day/hour/month)	TREATMENT DURATION (day, wks, etc.)
1.				
2.				
3.				
4.				

Referencing attached medical documents is not adequate; **the table must be filled out.**

**6. Medical Practitioner's Declaration**

I certify that the information contained in sections 4, 5 & 6 is accurate. I acknowledge & agree that my personal information may be used by Anti-Doping Organization(s) to contact me regarding this TUE application, verify the professional assessment in connection with the TUE process or in connection with Anti-Doping Rule Violation investigations & proceedings. I further acknowledge & agree that my personal information will be uploaded to the Anti-Doping Administration & Management System (ADAMS-WADA [ADAMS Privacy Policy](#) for more details) as well as SIMON ([USADA Protocol for Olympic & Paralympic Movement Testing](#) ) for these purposes.

**Treating Provider Full Name (with qualification):**

**Medical Specialty, DEA #,  
Licensing Body & Number:**

**Supervising Physician Full Name (M.D. or D.O.):**

**Medical Specialty, DEA #,  
Licensing Body & Number:**

**Street Address:**

**City, State, Zip:**

**Phone Number:**

**E-mail:**

**Signature of Treating Medical Practitioner:**

**Date:**

**Signature of Supervising Physician:**

**Date:**