

**REQUEST FOR AN:**

**ABBREVIATED THERAPEUTIC USE EXEMPTION (TUE)**

**BETA-2 AGONISTS BY INHALATION**

**GLUCOCORTICOSTEROIDS BY NON-SYSTEMIC ROUTES\***

*\* All routes other than oral, rectal, intravenous and intramuscular. Dermatological glucocorticosteroids do not require any TUE.*

I apply for approval from FIFA for the therapeutic use of a substance on the WADA Prohibited List that is subject to the abbreviated Therapeutic Use Exemption application process.

**PLEASE COMPLETE ALL SECTIONS.  
PLEASE WRITE IN BLOCK CAPITALS. INCOMPLETE OR ILLEGIBLE FORMS WILL BE REFUSED.**

**1. PLAYER INFORMATION**

**SURNAME:** \_\_\_\_\_ **FIRST NAMES:** \_\_\_\_\_

**FEMALE**       **MALE**       (TICK APPROPRIATE BOX)

**NATIONALITY:** \_\_\_\_\_

**DATE OF BIRTH (DAY/MONTH/YEAR)** \_\_\_\_\_

**PARTICIPATING IN WHICH FIFA COMPETITION?** \_\_\_\_\_

**NAME OF CLUB OR NATIONAL FOOTBALL ASSOCIATION:** \_\_\_\_\_

**Reply to be sent to the above-mentioned national football association:**

**YES**       **FAX No:** \_\_\_\_\_  
(Please include country and area codes)

**NO**      IF YOUR REPLY IS NO, PLEASE TICK ONE OF THE BOXES BELOW AND FILL IN THE REQUESTED DETAILS

**FAX No:** \_\_\_\_\_  
(Please include country and area codes)

**By post:**      **Address:** \_\_\_\_\_  
\_\_\_\_\_

## 2. MEDICAL INFORMATION

**DIAGNOSIS:** \_\_\_\_\_

**MEDICAL EXAMINATION(S)/TEST(S) PERFORMED:** \_\_\_\_\_

**NB: AN ATUE MAY BE REVIEWED BY FIFA AND/OR WADA AT ANY TIME.**

PROHIBITED SUBSTANCE(S) – GENERIC NAME	DOSE	ROUTE OF ADMINISTRATION	FREQUENCY OF ADMINISTRATION
1.			
2.			
3.			

Intended duration of treatment (please tick appropriate box):

- once only  
 emergency Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 duration (days or weeks or months): \_\_\_\_\_

In case of emergency treatment or treatment of an acute medical condition or exceptional circumstances, please provide all relevant information regarding the emergency or why there was not sufficient time to submit a TUE application.

**Have you made a TUE application before?**

YES  NO

If yes, date: \_\_\_\_\_

For which substance? \_\_\_\_\_

To the anti-doping organisation: (see note 1) Name: \_\_\_\_\_

To my national football association: attn: \_\_\_\_\_

Decision: Approved  Not approved  (please attach previous TUE(s))

**STRICTLY CONFIDENTIAL**



### 3. MEDICAL PRACTITIONER'S AND PLAYER'S DECLARATION

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medication not on the prohibited list would be unsatisfactory for this condition.

**NAME:** \_\_\_\_\_

**QUALIFICATIONS:** \_\_\_\_\_

(For example: Dr AB Cook, MD)

**MEDICAL SPECIALITY:** \_\_\_\_\_

(For example: gastroenterologist)

**ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**TEL. WORK:** \_\_\_\_\_

(Please include country and area codes)

**TEL. HOME:** \_\_\_\_\_

**MOBILE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**SIGNATURE OF MEDICAL DOCTOR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

I, \_\_\_\_\_, certify that the information given under point 1 is accurate and that I am requesting approval to use a substance or method on the WADA Prohibited List. I authorise the release of personal medical information to the FIFA Anti-Doping Unit and relevant FIFA bodies, the WADA TUEC (Therapeutic Use Exemption Committee) and other anti-doping organisations under the provisions of the World Anti-Doping Code. I understand that if I ever wish to revoke the right of these organisations to obtain information regarding my health on my behalf, I must notify my medical practitioner and FIFA in writing to this effect.

**PLAYER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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

**INCOMPLETE APPLICATIONS WILL BE RETURNED AND WILL NEED TO BE RESUBMITTED**

**PLEASE FAX THE COMPLETED FORM TO FIFA AT  
+41 43 222 75 03 AND KEEP A COPY FOR YOUR RECORDS**

**TREATMENT MAY BE ADMINSTRATED ONLY ONCE FIFA HAS BEEN NOTIFIED!**

**STRICTLY CONFIDENTIAL**

<b>NOTE 1</b>	<b>ANTI-DOPING ORGANISATION</b> Specify the name of the anti-doping organisation (ADO) to which you have previously submitted a TUE request. The ADO may be FIFA or your national anti-doping organisation, which could be either your national Olympic Committee or another designated body.
	<b>MA CHIEF MEDICAL OFFICER</b> Where possible, the Chief Medical Officer (CMO) of your national football Association should be notified of your TUE application to FIFA. When appropriate, the application should include a statement from the CMO attesting the necessity of the otherwise prohibited substance or prohibited method in the treatment of the player.