



INTERNATIONAL CHEER UNION

Therapeutic Use Exemption – Application Form

-Application for the use of prohibited substances/methods on WADAs List of Prohibited Substances-

THERAPEUTIC USE EXEMPTIONS / TUE

Please complete all sections in capital letters or typing, and submit completed TUE Application to info@cheerunion.org:

1. ATHLETE DETAILS

Surname: _____ Given Name(s): _____

Date of Birth (DD/MM/YY) _____ Female Male

Address: _____

City: _____ Country: _____

Postal Code: _____ Phone/Cell# _____

E-mail: _____

International or National Sport Organization: _____

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Please mark the appropriate box:

- I am part of an International Federation Registered Testing Pool
- I am part of a National Anti-Doping Organization Testing Pool
- I am participating in an International Federation event for which a TUE granted

Competition Name: _____

Competition Date (DD/MM/YY): _____

- None of the above

If athlete with disability, indicate disability: _____

2. MEDICAL INFORMATION

Diagnosis with sufficient medical information (see “Note 1” at end of document):

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

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3. MEDICATION INFORMATION *(Please add additional documentation – if more space is required)*

Prohibited substance(s): Generic name	Dose	Method	Frequency
1.			
2.			
3.			
Intended duration of treatment: <i>(Please check appropriate box)</i>	<p>a. One time- for an emergency only: <input type="checkbox"/></p> Date of dose (DD/MM/YY) _____ <p>b. More than one time: <input type="checkbox"/></p> Duration of dose: Start date (DD/MM/YY) _____ End date* (DD/MM/YY) _____ <i>*If applicable (if not applicable, mark "ongoing")</i>		

Have you submitted any previous TUE application: Yes No

If "Yes", for which substance(s)?

If "Yes", to whom (person/organization) was the previous TUE application submitted?:

If "Yes", what date was it submitted (DD/MM/YY)?: _____

If "Yes", for what Sport? _____ If "Yes", what competition? _____

Decision of previous TUE application: Approved Not approved

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4. MEDICAL PRACTITIONER'S DECLARATION

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

Name of Medical Practitioner / Authorized Agent:

Surname: _____ Given Name(s): _____

Medical Specialty: _____

Address: _____

City: _____ Country: _____

Postal Code: _____ Phone/Cell# _____

E-mail: _____ Fax# _____

Signature of Medical Practitioner / Authorized Agent:

Date (DD/MM/YY): _____

5. ATHLETE'S DECLARATION

I hereby apply for Therapeutic Use Exemption for substances or methods from the WADA Prohibited List as identified in this application, and declare that the information in Section 1 is accurate. I authorize the release of personal medical information to authorized staff within my respective National or Regional Anti-Doping Organisation (NADO / RADO), WADA, and my international federation, including all of these organisations' Therapeutic Use Committees under the provisions of the Code.

I understand that my information will only be used for evaluating my Therapeutic Use Exemption Request and in the context of possible anti-doping violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of information; (2) exercise my right of access and correction or (3) revoke the right of these organisations to obtain my health information, I must notify my medical practitioner and my National or Regional Anti-Doping Organisation (NADO/RADO) 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 sole purpose of establishing a possible anti-doping rule violation, where this is required by the Code.

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 or CAS.

Athlete's signature: _____ **Date:** _____

Parent's/Guardian's signature: _____ **Date:** _____

(If the athlete is a minor or has a disability preventing him/her to sign this form, a parent or guardian shall sign together with or on behalf of the athlete)

*****Please note- Important: Incomplete Applications will be returned unprocessed and will need to be resubmitted completed for consideration. Please submit the completed form to your National Cheer Federation and the International Cheer Union (info@cheerunion.org) and keep a copy for your records*****

6. NOTE:

Note 1

Diagnosis

Evidence confirming the diagnosis shall be attached and forwarded with this application. The medical evidence should 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. Evidence should be as objective as possible in the clinical circumstances and in the case of non-demonstrable conditions independent supporting medical opinion will assist this application.