Therapeutic Use Exemption

I apply for approval from UEFA for the therapeutic use of a substance or method on the WADA Prohibited List that is subject to the 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 UEFA competition? _____

Name of club or national football association: _____

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

❒ **YES** ❒ Fax No: _____
(Please include country and area codes)

❒ By post: _____
_____
_____

❒ **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: _____
_____
_____

2. Medical information

Diagnosis with sufficient medical information *(see note 1):*_____

_____

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

_____

_____

3. Medication details

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 2)* Name:_____

❒ To my national football association: attn:_____

Decision: Approved ❒ Not approved ❒

(please attach previous TUE(s))

4. Medical practitioner'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: _____ Tel. home: _____
(Please include country and area codes)

Mobile: _____ Fax: _____

Signature of medical practitioner: _____ Date: _____

5. Player's declaration

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 UEFA Anti-Doping Unit and relevant UEFA bodies, as well as to WADA authorised staff, the WADA TUEC (Therapeutic Use Exemption Committee) and other anti-doping organisations' TUECs and authorised staff that may have a right to this information under the provisions of the World Anti-Doping Code.

I understand that my information will only be used for evaluating my TUE 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 my 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 UEFA 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.

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.)

6. Notes

Note 1	***Diagnosis*** Evidence confirming the diagnosis must be attached and forwarded with this application. 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 letter 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.
Note 2	***Anti-Doping Organisation*** 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.

Incomplete applications will be returned and will need to be resubmitted.

Please fax the completed form to UEFA at
+41 22 990 31 31 and keep a copy for your records.

Treatment may be administered only upon receipt of TUE approval.