This Checklist is to guide the athlete and their physician on the requirements for a TUE application that will allow the TUE Committee to assess whether the relevant ISTUE Criteria are met.

Please note that the completed TUE application form alone is not sufficient; supporting documents MUST be provided. A completed application and checklist DO NOT guarantee the granting of a TUE. Conversely, in some situations a legitimate application may not include every element on the checklist.

### TUE Application form must include:
- All sections completed in legible handwriting
- All information submitted in English, French or German
- A signature from the applying physician
- The Athlete’s signature

### Medical report should include details of:
- Medical history: family history of the disease, symptoms, presentation at first manifestation, course of disease, start of treatment
- Findings on examination: pulse quality, auscultation, any signs of heart failure
- Interpretation of symptoms, signs and test results by a specialist physician; i.e. cardiologist
- Diagnosis (stable angina pectoris; secondary prevention after myocardial infarction; symptomatic heart failure II-IV); supraventricular and ventricular arrhythmias; Long QT syndrome; acute coronary syndrome; hypertension without other risk factors)
- Medication prescribed (beta-blockers are prohibited in specific sports only) including dosage, frequency, administration route
- Trial of use of non-prohibited treatment and outcome: important to show that alternatives are either not effective or not available
- Consequences to the athlete if beta-blocker treatment was withheld

### Diagnostic test results should include copies of:
- Laboratory tests: biomarkers as applicable (creatine kinase, troponin I and T, myoglobin, BNP and NT-proBNP)
- Resting ECG, stress ECG, Holter monitoring blood pressure readings as applicable
- Imaging findings: chest radiograph, magnetic resonance imaging, repeated measures of ejection fraction and structural remodeling, radionuclide ventriculography and nuclear imaging (myocardial scintigraphy), coronary CT, echocardiography and coronary angiography as applicable