



**IAAF Therapeutic Use Exemptions**

**Abbreviated Application Form [International]**

[Beta-2 agonists by inhalation, Glucocorticosteroids by local injection, pulmonary inhalation, iontophoresis and anal topical preparations)

*I hereby apply for approval for the therapeutic use of a prohibited substance on the IAAF Prohibited List that is subject to the Abbreviated TUE Application Procedure*

**Please complete all sections**  
[PRINT information legibly using BLOCK capitals]

**1. Athlete information**

First Name: .....	Last Name: .....	
Female <input type="checkbox"/> Male <input type="checkbox"/> (tick appropriate box)	Event: .....	
Address: .....		
City: .....	Country: .....	
Post Code: .....	Date of birth (d/m/y): .....	
Tel. Work: .....	Tel. Home: .....	Mobile: .....
e-mail: .....		
National Federation: .....		

**2. Notifying medical practitioner**

Name, qualifications and medical speciality (see Note 1): .....		
.....		
.....		
Address: .....		
City: .....	State/Province: .....	Country: .....
Post Code: .....	e-mail: .....	
Tel. Work: .....	Tel. Home: .....	
Mobile: .....	Fax: .....	

**3. Medical information**

Diagnosis (see Note 2 for Beta-2 Agonists applications only): .....

.....

Medical examination(s)/test(s) performed: .....

.....

.....

Has the athlete's National Federation Team Doctor been notified of this application?

Yes:  No:

Name of National Federation's Team Doctor (see Note 3): .....

**4. Medication details**

Prohibited medication (see Note 4): Commercial name/Generic name e.g: Ventolin/Salbutamol or Albuterol	Dose of Administration:	Route of Administration:	Frequency of Administration:
1.			
2.			
3.			

Anticipated duration of this Medication plan (see Note 5):	
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**Additional information**

.....

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.....

## 5. Medical practitioner's declaration

I, ..... certify that the above-mentioned medication(s) for the above-named athlete has been/are to be administered as the correct treatment for the above-named medical condition. I further certify that the use of alternative medications not on the IAAF Prohibited List would be unsatisfactory for the treatment of the above-named medical condition for the following reasons.

Specify reasons: .....  
.....  
.....

**Signature of Medical Practitioner:** ..... **Date:** .....

## 6. Athlete's declaration

I, ..... certify that the information in section 1 above is accurate and that I am requesting for approval to use a prohibited substance in the IAAF Prohibited List. I authorize, if necessary, the release of my personal medical information to the members of the IAAF Therapeutic Use Exemption Sub-Commission, as well as to any other relevant persons (including, where applicable, WADA or IOC staff and/or members of the WADA or IOC Therapeutic Use Exemption Committees) who may be involved in the management, review or administration of my application in accordance with the IAAF Procedural Guidelines. I understand that, if I ever wish to revoke the right of the IAAF TUESC to obtain any health information on my behalf, I must notify my medical practitioner in writing of the fact. As a consequence of such a decision, I understand that I will not receive approval for a TUE (or renewal of an existing TUE).

I further authorise for the decision of the IAAF TUESC to be notified to any other relevant organisations in accordance with IAAF Rule 34.5.

**Athlete's signature:** ..... **Date:** .....

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

*(if the athlete is a minor, a parent or guardian shall sign together with or on behalf of the athlete)*

**IAAF BETA-2-AGONIST PROTOCOL**

**Medical Records FORM**

NAME OF THE ATHLETE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

Diagnosis:

Age of onset:

Symptoms **spontaneous or exercise related:**

coughing during or post-exercise,	Yes or No	dyspnoea,	Yes or No
shortness of breath,	Yes or No	wheezing,	Yes or No
chest tightness	Yes or No	excess sputum	Yes or No

(Delete as appropriate). If yes, specify:

Identified triggering factors :

Past history of atopic disorders and/or childhood asthma:

Past physical examinations :

Results of skin prick tests or RAST to document the presence of allergic **hypersensitivity:**

Details of all consultations with qualified physicians in the treatment of asthma

Details of any attendance in hospital emergency departments for treatment or admission to hospital for treatment of acute exacerbation of asthma.

Details of the individual's currently prescribed medication and any other medication prescribed **in the past years, with particular details in the last 6 months.**

Details of medication in the 3 months prior to provocation tests must also be notified.

Date:

Physician Name:

Physician signature:

**Notes:**

<b><i>Note 1</i></b>	<p><u>Name, qualifications and medical specialty</u></p> <p>For example: Dr AB Cook, MD FRACP, Gastro-enterologist. Dr JA Gonzalez. MBBS, FACSM, Sports Physician</p>
<b><i>Note 2</i></b>	<p><u>Diagnosis and Medical examination(s)/test(s) performed</u></p> <p>For applications for the use of Beta-2-agonists only: To constitute a <b>complete application</b>, International-Level athletes/athletes preparing to compete in an International competition must include the following documentation required by the IAAF Beta-2-Agonists Protocol:</p> <ol style="list-style-type: none"><li>1. Detailed Medical Records.</li><li>2. Provocation Test Results.</li></ol> <p>Refer to the IAAF Beta-2 Agonists Protocol <a href="http://www.iaaf.org/antidoping">www.iaaf.org/antidoping</a> for further more detailed information on the documentation that is required.</p>
<b><i>Note 3</i></b>	<p><u>National Federation Team Doctor</u></p> <p>Where possible, the National Federation Team Doctor should be notified of the application.</p>
<b><i>Note 4</i></b>	<p><u>Medication details/change of Prescription</u></p> <p>Provide both the commercial and generic name (INN) of the medication and specify medication dose, the route of administration and the frequency of administration.</p> <p><u>Note</u> that a new TUE application will be required for any change of prescription.</p>

**WARNING: Incomplete Applications will be returned and will need to be re-submitted.**

Please submit the completed application to the IAAF Medical and Anti-Doping Department (see contact details below) and keep a copy of the Form for your records:

IAAF Medical and Anti-Doping Department

17, Rue Princesse Florestine  
BP 359 – MC 98007  
Monaco

Confidential Fax: +377 93 50 83 95

If there are any questions arising from this Form or regarding the relevant procedures for abbreviated applications for TUEs on an international level, please contact the IAAF for further information on: +377 93 10 88 89 (tel) or [tue-application@iaaf.org](mailto:tue-application@iaaf.org) (e-mail).