International Ski Mountaineering Federation

Therapeutic use exemption application form

Therapeutic Use Exemptions TUE

Please complete all sections in capital letters or typing

(Model issued from International Standard Therapeutic Use Exemptions, January 2009)

1. Athlete information

Surname : …… Name: ……

Female : **Male :** **Birthdate :** _ _ / _ _ / _ _

Address : ……

City : ……Country: …….. Post Code : ……..

Tel : (+) 00 _ _ …… E-mail : ……
(with international code)

Sport **: SKI MOUNTAINEERING**

International Sport Organisation**:**

ISMF (International Ski Mountaineering Federation)

National Sport Organisation **: ……**

……

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Tel. +39 0174 554755 – Fax +39 0174 080155
E-mail: office@ismf-ski.org
Website: www.ismf-ski.org

2. Medical information

Diagnosis with sufficient medical information (see note 8):
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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. Detailed substances

Prohibited substance(s) Generic name	Dose	Route	Frequency
1.			
2.			
3.			
4.			
Scheduled duration of treatment: (please tick appropriate box)	**Once only**	**Emergency**	**Or duration (week/month) :……**

4. Minimal requirements for the medical file to be used for the TUE process in the case of asthma and its clinical variants

The file must reflect current best medical practice to include:

1. A complete medical history
2. A comprehensive report of the clinical examination with specific focus on respiratory system
3. A report of spirometer with the measure of the Forced Expiratory Volume in 1 second (FEV1)
4. In airway obstruction is present, the spirometer will be repeated after inhalation of a short acting Beta-2 Agonist to demonstrate the reversibility of bronchoconstriction
5. In the absence of reversible airway obstruction, a bronchial provocation test is required to establish the presence of airway hyper-responsiveness.
6. Exact name, qualification, address (including telephone, e-mail, fax) of examining physician.

5. Have you submitted any previous TUE application ?

YES : NO :

For which substance ? ……..

To whom ? ……When : ……

Decision : Accepted : Rejected :

6. 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 : …….

Medical Qualification :
…….

Address : ……

Tel : …… Fax : ……

E-mail : ……

Signature of Medical Practitioner : …… Date : ……

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7. Athlete's declaration

I, ……, certify that the information under 1. is accurate and that I am requesting approval to use a Substance or Method from WADA Prohibited List. I authorize the release of personnel medical information to the Anti-Doping Organization (ADO) as well as to WADA staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO under the provisions of Code. I understand that if I ever wish to revoke the right of these organisations to obtain my health information on my behalf, I must notify my medical practitioner and my ADO in writing of that fact.

Athlete's signature : ……..

Date : …….

Parent's / Guardian's signature : ……

Date : ……..

8. Note

Note 1	**Diagnosis** Evidence confirming the diagnosis must be attached and forwarded with this application. The medical evidence should include a comprehensive medical history and the result 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.

9 . Record of this document:
Paper and informatics : ISMF Office, Anti-doping Commission Office.