# Abbreviated Therapeutic Use Exemptions ATUE 

Please complete all sections in capital letters or typing

| beta-2 agonists by inhalation $\square$ | glucocorticosteroids by <br> non-systemic routes * |
| :--- | :--- |

* All routes other than orally, rectally, intravenously and intramuscularly. Dermatological glucocorticosteroids do not require any TUE


## 1. Athlete I nformation



## 2. Medical information

Diagnosis: $\qquad$
$\qquad$
$\qquad$
$\qquad$
N.B. Any ATUE may be reviewed at any time, by the ADO and/ or WADA

| Prohibited substance(s): Generic name | Dose | Route | Frequency |
| :---: | :---: | :---: | :---: |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| I ntended duration of treatment: (Please tick appropriate box) | once only $\square$or duration (week/month): ............................ |  |  |

## 3. Medical practitioner's and athlete's declaration

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medications not on the Prohibited List would be unsatisfactory for this condition.
Name: $\qquad$

Medical Speciality: $\qquad$

Address: $\qquad$

Tel.: Fax: $\qquad$

E-mail: $\qquad$

Signature of Medical Practitioner: Date: $\qquad$

I, ............................................................ certify that the information under 1. is accurate and that I am requesting approval to use a Substance or Method from the WADA Prohibited List. I authorize the release of personal 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 the Code. I understand that if I ever wish to revoke the right of these organizations 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: $\qquad$
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)

I ncomplete Applications will be returned and need to be resubmitted.
Please submit the completed form to the ADO and keep a copy for your records.

