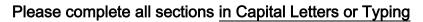


DAMMAM 2015

Therapeutic Use Exemptions

TUE



Surname: Given Names:



1. Athlete Information

(As in the passport)						
Male \square	Female \Box	Date of Birth (d/m/y) :				
National ID :						
Address:						
City:	Cou	ntry:	Postcode:			
Tel:	E-ma	il:				
(with internati	onal code)					
Sport:	Di	scipline/Position:				
International	or National Sport Orga	nization:				
If athlete witl	If athlete with disability, indicate disability:					
Diagnosis wit		linical) Information:				
Relevant Investigations: Lab Radiology Other						

3. Medication details

Prohibited substance(s): Generic name	Dose	Route	Frequency	Date		
1.						
2.						
3.						
Have you submitted any previous TUE application: Yes \square No \square						
For which Substance?						
To Whom?		. When ?				
Decision: Approved \square	on: Approved \square Not approved \square					
Intended duration of treatment: (Please tick appropriate box)		Week/month):		nergency 🗆		
4. Medical practitioner'	s declarati	on				
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						
Signature of Medical Practitioner: Date:						

5. Athlete's declaration

I,	
Athlete's signature: Parent's/Guardian's signature: (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)	

6. 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 results 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.

<u>Incomplete Applications will be returned and will need to be resubmitted.</u>

Please submit the completed form to the ADO and keep a copy for your records.