

International Wushu Federation (IWUF) Therapeutic Use Exemptions (TUE) Application Form



Please complete all sections in capital letters or typing.

IWUF: 0041 21 312 25 83

Please sign the form (point 6) and ask your doctor to sign (point 4).

Email: antidoping@iwuf.org

Electronic signatures are accepted.

SECTION A - Player Information - PLEASE PRINT CLEARLY IN CAPITALS

First Name: _____	Surname: _____	Date of Birth: / /
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Contact Telephone Number - Mobile: <input style="width: 100%;" type="text"/>	
Discipline / Position: _____ <small>(i.e. Sanda / World Championships / 75kg, No.4 etc)</small>	National Federation Membership: _____	

SECTION B - Notifying Medical Practitioner and Medical Information

Name: _____	Medical Specialty: _____	
Business Address: _____		
Telephone Number - Business: <input style="width: 100%;" type="text"/>	Fax Number: <input style="width: 100%;" type="text"/>	Telephone Number - Mobile: <input style="width: 100%;" type="text"/>
Email: _____		
Diagnosis with sufficient medical information (see note 1): _____		
Has the National Federations Chief Medical Officer / Doctor been notified of this application? Yes <input type="checkbox"/> No <input type="checkbox"/>		

SECTION C - Medical Details

Prohibited Substance(s) – Generic Name	Dose of Administration	Route of Administration	Frequency of Administration
1.			
2.			

Intended duration of treatment: Once only Emergency Weeks Months Years

If a permitted medication can be used to treat the medical condition, provide clinical justification for requested use of prohibited medication:

SECTION D - 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.	
Signature of Medical Practitioner: _____	Date: / /

SECTION E - Previous or Current TUE Applications

Have you submitted any previous TUE application: Yes <input type="checkbox"/> No <input type="checkbox"/>	What date?: / /
If Yes, for what substance/s? _____	
TUE Body who provided TUE Decision: _____	TUE Decision: Attach copy of previous TUE application and Certificate of Approval if for same Prohibited Substance

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SECTION F - Athlete's Declaration

I,..... certify that the information under Section A & B is accurate and that I am requesting approval to use a Prohibited Substance or Method from the WADA Prohibited List. I authorize the recording (whether electronically or otherwise) and/or storage by release of personal medical information to IWUF and its National Federations and Member Associations, to other Anti Doping Organizations (ADO), relevant Major Event Organization, as well as to WADA authorized staff and to the WADA TUEC and to other ADO TUECS and authorized staff under the provisions of the Code.

I consent to my physician(s) releasing to the above persons any health information that they deem necessary in order to consider and determine my application.

I understand that my information will only be used for evaluating my TUE request and in the context of possible anti-doping violation investigations and procedures. I understand that if I ever wish (1) to obtain more information about the use of my health information; (2) exercise my right of access and correction or (3) revoke the right of these organizations to obtain my health information, I must notify my medical practitioner and IWUF in writing of that fact. I understand and agree that it may be necessary for TUE-related information submitted prior to revoking my consent to be retained for the sole purpose of establishing a possible anti-doping rule violation, where this is required by the Code.

I consent to the decision on this application being made available to relevant National Federation and all ADOs, or other organizations, with Testing authority and/or results management authority over me.

I understand and accept that the recipients of my information and of the decision on this application may be located outside the country where I reside. In some of these countries data protection and privacy laws may not be equivalent to those in my country of residence.

I understand and agree that my TUE related data would be made accessible through ADAMS and/or any other relevant anti-doping administration/data management system, to the authorized ADO. I understand and agree that if a TUE is granted, such TUE and the related information will be stored electronically in ADAMS (and/or in any other relevant anti-doping administration/data management system) for a minimum period of 10 years, the period of 10 years being the period within which an action can be commenced following a violation of an anti-doping rule contained in the WADA Code.

WADA, ADOs and Therapeutic Use Exemption Committees will not disclose any of my TUE related information beyond those persons within their organization with a need to know for doping control purposes according to the Code.

I understand that if I believe that my personal information is not used in conformity with this consent and the International Standard for the Protection and Privacy and Personal Information I can file a complaint to WADA or CAS.

Athlete's Signature: _____

Date: ____ / ____ / ____

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)*

(Day/Month/Year)

* ADAMS is the Anti-Doping Administration and Management System, which has been developed to enable athletes and anti-doping organizations to enter and share data related to doping control. ADAMS is an on-line, web-based system, which allows restricted sharing of data only with those organizations with the right to access such data in accordance with the World Anti-Doping Code.

SECTION G - Application Notes

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 (where applicable). Copies of the original reports or letters should be included where 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.

IWUF TUE Contact Details

IWUF Lausanne, Avenue de Rhodanie 58, Lausanne, Switzerland CH-1007
Tel: 0041 21 312 25 83 Email: antidoping@iwuf.org

**PLEASE SUBMIT THE COMPLETE FORM AND THE MEDICAL EVIDENCES NECESSARY TO SUPPORT THE APPLICATION TO
THE FOLLOWING ADDRESS: antidoping@iwuf.org**

INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL BE RETURNED AND WILL NEED TO BE RESUBMITTED.

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