

**THERAPEUTIC USE EXEMPTION - APPLICATION FORM** PLEASE COMPLETE ALL SECTIONS

(In compliance with the World Anti-Doping Code 2015 – International Standard for Therapeutic Use Exemptions)

**I apply for approval from Drug Free Sport NZ for the therapeutic use of a prohibited substance on the WADA List of Prohibited Substances and Prohibited Methods.**
**ATHLETE INFORMATION**

SURNAME			GIVEN NAMES		
FEMALE MALE	F / M	DATE OF BIRTH	/ /	TEL. (MOB)	
				TEL. (HM)	
SPORT				DISCIPLINE/ POSITION	
ADDRESS				SUBURB	
CITY			POST CODE		
			EMAIL		

**MEDICAL INFORMATION**

DIAGNOSIS WITH SUFFICIENT MEDICAL INFORMATION *
<p>* Evidence confirming the applicant's diagnosis must be attached and forwarded with this application. The medical evidence should include clinical history and the results of all examinations, investigations, imaging studies and specialist medical reports. Copies of the original reports or letter 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.</p>
IF A PERMITTED MEDICATION CAN BE USED TO TREAT THE MEDICAL CONDITION, PROVIDE CLINICAL JUSTIFICATION FOR THE INTENDED USE OF THE PROHIBITED MEDICATION

NOTE TO MEDICAL PRACTITIONER: Retroactive applications will only be considered in cases of emergency treatment or when exceptional circumstances apply. Please contact DFSNZ ([www.drugfreesport.org.nz](http://www.drugfreesport.org.nz)) or 0800-378437 if additional information is required.

**MEDICATION DETAILS**

PROHIBITED SUBSTANCE(S) GENERIC NAME	DOSE OF ADMINISTRATION	ROUTE OF ADMINISTRATION	FREQUENCY OF ADMINISTRATION
ANTICIPATED DURATION OF THIS MEDICATION PLAN	Once / Emergency / or duration (week/month)		

**DFSNZ OFFICE USE**

APPLN RECEIVED	/ /	CERT. #		SUBMITTED	Yes / No
APPLN APPROVED	Yes / No	<b>Drug Free Sport NZ, PO Box 17451, Greenlane, Auckland 1546.</b> <b>Ph: 09 5820388, 0800 DRUGFREE (0800 378437) Fax: 09 5800381</b>			

**STRICTLY CONFIDENTIAL**
**MEDICATION DETAILS contd**

PREVIOUS / CURRENT TUE REQUEST(S)	Yes / No	IF YES, DATE	
WHICH ANTI-DOPING ORGANISATION			
HAS THE NATIONAL SPORTING ORGANISATION'S (NSO) CHIEF MEDICAL OFFICER BEEN NOTIFIED?	Yes / No		
ADDITIONAL INFORMATION			

**MEDICAL PRACTITIONER'S DECLARATION**

I, \_\_\_\_\_ certify the above mentioned substance/s for the above named athlete (has been)/(are to be) administered as the correct treatment for the above named medical condition.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Medical Specialty and Qualifications

\_\_\_\_\_  
Address

\_\_\_\_\_  
Suburb

\_\_\_\_\_  
City

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Mobile

\_\_\_\_\_  
Facsimile

\_\_\_\_\_  
Signature of Medical Practitioner

\_\_\_\_\_  
Date

TUE applications must be supported with detailed medical evidence outlining the diagnosis and the need for the prohibited medication. Incomplete applications may delay the process and will be returned and will need to be resubmitted.

**ATHLETE'S DECLARATION**

I, \_\_\_\_\_ certify that the information under is accurate and that I am requesting approval to use a Substance or Method from the WADA Prohibited List. I authorise the release of personal medical information to Drug Free Sport NZ, its Therapeutic Use Committee and consultants (as necessary), as well as to WADA staff and to the WADA TUEC (Therapeutic Use Exemption Committee) under the provisions of the Code. I understand that if I ever wish to revoke the right of the Anti-Doping Organisation TUEC or WADA TUEC to obtain my health information on my behalf, I must notify my medical practitioner in writing of that fact.

The information provided on this form will be received and held by Drug Free Sport NZ (DFSNZ) for the purposes of carrying out its duties under the Sports Anti-Doping Act 2006. DFSNZ advises that under the Privacy Act 1993 you, as the provider of this information, have certain rights of access to the correction of personal information held about you by DFSNZ.

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

(If the athlete is under 18 years of age 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.)

**PLEASE REMEMBER TO KEEP A COPY OF THE COMPLETED FORM FOR YOUR RECORDS**

**PLEASE SUBMIT THIS EITHER BY EMAIL, MAIL OR FAX TO:**

Drug Free Sport NZ, Email: [tue@drugfreesport.org.nz](mailto:tue@drugfreesport.org.nz) PO Box 17451, Greenlane, Auckland 1546. Fax: 09 5800381