



For the Game. For the World.

## THERAPEUTIC USE EXEMPTION (TUE)

**PLEASE COMPLETE ALL SECTIONS.**

**PLEASE WRITE IN CAPITAL LETTERS. INCOMPLETE OR ILLEGIBLE FORMS WILL BE RETURNED AND WILL NEED TO BE RESUBMITTED.**

### 1. PLAYER INFORMATION

SURNAME: _____	FIRST NAMES: _____
FEMALE <input type="checkbox"/>	MALE <input type="checkbox"/>
DATE OF BIRTH (DAY/MONTH/YEAR) _____	
ADDRESS: _____	
CITY: _____	COUNTRY: _____
TEL: _____	E-MAIL: _____
NATIONALITY: _____	
PARTICIPATING IN WHICH FIFA COMPETITION? _____	
NAME OF CLUB OR NATIONAL FOOTBALL ASSOCIATION: _____	

#### Reply to be sent to:

By Fax No: \_\_\_\_\_  
(Please include country and area codes)

By E-mail: \_\_\_\_\_

By post: Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STRICTLY CONFIDENTIAL**



**Have you submitted any previous TUE applications:**      YES       NO

For which substance? \_\_\_\_\_

To whom? \_\_\_\_\_

Decision:    Approved       Not approved

#### 4. 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 SPECIALITY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TEL:** \_\_\_\_\_      **EMAIL:** \_\_\_\_\_

**MOBILE:** \_\_\_\_\_      **FAX:** \_\_\_\_\_

**SIGNATURE OF MEDICAL DOCTOR:** \_\_\_\_\_      **DATE:** \_\_\_\_\_

#### 5. PLAYER'S DECLARATION

I, \_\_\_\_\_, certify that the information given under point 1 is accurate and that I am requesting approval to use a substance or method on the WADA Prohibited List. I authorise the release of personal medical information to the FIFA Anti-Doping Unit and relevant FIFA bodies, the WADA TUEC (Therapeutic Use Exemption Committee) and other anti-doping organisations under the provisions of the World Anti-Doping Code. I understand that if I ever wish to revoke the right of these organisations to obtain information regarding my health on my behalf, I must notify my medical practitioner and FIFA in writing to this effect.

**PLAYER'S SIGNATURE:** \_\_\_\_\_      **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN'S SIGNATURE:** \_\_\_\_\_      **DATE:** \_\_\_\_\_

*(If the player is a minor or has a disability preventing him/her from signing this form, a parent or guardian must sign with or on behalf of the player).*

## 6. NOTE

<b>NOTE 1</b>	<p><b>DIAGNOSIS</b> Evidence confirming the diagnosis must be attached and forwarded with this application. Medical evidence should include a comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies according to the FIFA TUE Policy.</p> <p>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.</p>
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**INCOMPLETE APPLICATIONS WILL BE RETURNED AND WILL NEED TO BE RESUBMITTED**

**PLEASE SEND THE COMPLETED FORM TO THE CONFIDENTIAL FAX NUMBER AT THE FIFA  
MEDICAL OFFICE:**

**+41 43 222 75 03**

**TREATMENT MAY BE ADMINSTRATED ONLY ONCE FIFA HAS APPROVED THE TUE  
REQUEST!**