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South African Institute for
Drug-Free Sport



Therapeutic Use Exemption (TUE) Application Form

**PLEASE COMPLETE ALL SECTIONS IN ENGLISH AND IN
CAPITAL LETTERS**

1. Athlete Information

Surname:	First Names:	
Female <input type="checkbox"/>	Male <input type="checkbox"/>	Date of Birth (dd/mm/yy)
Address:		
City:	Country:	Postcode:
Tel: <i>(with international code)</i>	Fax:	Email:
Sport:	Discipline / Position:	
International or National Sport Organization:		
If athlete with disability, indicate disability:		

The TUE application complies with the SA Institute for Drug-Free Sport Act (Act No 14, 1997) and the 2009 World Anti-Doping Code

2. Medical Information

Diagnosis with sufficient medical information (see note 1):

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

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3. Medication Details

Prohibited substance (s): <u>Generic Name</u>	Dose	Route	Frequency
1.			
2.			
3.			

Intended duration of treatment: <i>(Please tick appropriate box)</i>	once only <input type="checkbox"/> emergency <input type="checkbox"/> or duration (week/month):.....
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5. Athlete's Declaration

I, Certify that that the information under 1. Is accurate and that I am requesting approval to use a Banned Substance or Method. I authorize the release of my personal medical information to the SAIDS TUE Committee under the provisions of the World Anti-Doping Code. I understand that if I ever wish to revoke the right of my national federation/International federation/WADA to obtain my health information on my behalf, I must notify my medial practitioner and SAIDS in writing of that fact.

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)

6. Note

Note 1	Diagnosis <i>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.</i>
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**INCOMPLETE APPLICATIONS WILL BE RETURNED AND WILL
NEED TO BE RESUBMITTED**

Please submit the completed form to the South African Institute for Drug-Free Sport for the attention of Pamela Isaacs via e-mail (pamela@drugfreesport.org.za) or fax (021 761 8148) and keep a copy for your records.

The TUE application complies with the SA Institute for Drug-Free Sport Act (Act No 14, 1997) and the 2009 World Anti-Doping Code