



INTERNATIONAL BOBSLEIGH & SKELETON FEDERATION

Therapeutic Use Exemption - Standard Application Form

I apply for approval from IBSF Medical Committee for the therapeutic use of a prohibited substance on the WADA List of Prohibited Substances and Prohibited Methods.

1. Athlete Information	
Surname:	Given names:
Date of birth (d/m/y):	Gender:
Address:	
Tel. Work:	Tel. Home:
Mobile:	Fax:
E-mail address:	
Sport:	Discipline/position:
National Sporting Organization:	
2. Notifying medical practitioner	
Name, qualifications and medical speciality (see note 1):	
Address:	
Tel. Work:	Tel. Home:
Mobile:	Fax:
E-mail address:	
Diagnosis (see note 2):	
Has the national sporting organization Chief Medical Officer been notified of this request? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of NSO's Chief Medical Officer (see note 3):	



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3. Medication details (see note 4)			
Prohibited Substance(s)	Dose of administration	Route of administration	Frequency of administration
1.			
2.			
3.			
Anticipared duration of this medication plan			
Previous/Current TUE request(s): <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes: Date: Anti-Doping Oragnization: Result (attach previous TUE(s)):			
If appropriate, reasons for not prescribing alternative therapies (see note 5):			
4. Please note additional information and attach sufficient medical information to substantiate the diagnosis and the necessity to use a prohibited substance:			
5. Medical Practitioner's and athlete'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.			
Siganture of Medical Practitioner: _____ Date _____			



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6. Notes	
Note 1	Name, in which country do you practice, medical qualifications and speciality Dr. M Jones, Specialist in Respiratory Medicine
Note 2	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.
Note 3	NSO Chief Medical Officer Where possible the Chief Medical Officer (CMO) of the sport involved should be notified of the application to the Anti-Doping Organization. When appropriate, the application should include a statement by the Medical Officer of the Athlete's national sport governing body, attesting to the necessity of the otherwise Prohibited Substance or Prohibited Method in the treatment of the athlete.
Note 4	Medication Details Provide details concerning all prohibited substances or methods for which approval is sought. Use generic names (INN) and specify medication dose.
Note 5	If a permitted medication can be used in the treatment of the athlete's medical condition, please provide clinical justification for the requested use of the prohibited medication.

Incomplete applications will be returned and will need to be resubmitted!

Please, submit the completed form to the TUE Committee and keep and keep a copy of the completed form for your records.

Please send to:

TUE Committee

c/o the Chairman

Dr. Andrew Thomson

bobsleighdoc@gmail.com