

ANNEX 2: TEMPLATE OF TUE APPLICATION FORM

Identification of Anti-Doping Organization (Logo or Name of the ADO)

Therapeutic Use Exemptions (TUE) APPLICATION

Please complete all sections in capital letters or typing. Athlete to complete sections 1, 5, 6 and 7; physician to complete sections 2, 3 and 4. Illegible or incomplete applications will be returned and will need to be re-submitted in legible and complete form.

Surname: _____	Given Names: _____	
Female <input type="checkbox"/>	Male <input type="checkbox"/>	Date of Birth (d/m/y): _____
Address: _____		
City: _____	Country: _____	Postcode: _____
Tel.: _____	E-mail: _____	
<i>(with International code)</i>		
Sport: _____	Discipline/Position: _____	
International or National Sport Organization: _____		
If you are an Athlete with an impairment, please indicate the impairment: _____		