



THERAPEUTIC USE EXEMPTION(TUE)

Application Form

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS OR PRINT

1. Player Information

Surname: _____ First names: _____

Female Male (*tick appropriate box*)

Nationality: _____

Date of birth (dd/mm/yyyy): _____ / _____ / _____

Participating in which CAF competition? _____

Name of club or national football association: _____

Reply to be sent to the above-mentioned club/national football association:

YES Fax no. (Please include country and area codes): _____

By post: _____

NO If your reply is NO, please tick one of the boxes below and fill in the requested details

Fax no. (Please include country and area codes): _____

By post: _____

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2. Medical information

Diagnoses with sufficient medical information :(see note 1) _____

If a permitted medication cannot be used to treat the medical condition, provide clinical justification for the requested use of the prohibited medication: _____

3. Medication details

Generic name of prohibited substance(s)	Dose	Route of administration	Frequency of administration
1.			
2.			
3.			

Intended duration of treatment (please tick appropriate box):

Once only

Emergency Date: _____ Time: _____

Duration (days/weeks/months): _____

Long term (note duration: weeks or month)

Have you made a TUE application before? Yes No

If yes, date (dd/mm/yyyy): _____/_____/_____

For which substance? _____

Decision: Approved Not approved (if approved, please attach previous TUE(s) from:

- The anti-doping organization (NADO)
- International Federation of Football (FIFA),
- Others (Specify)

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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: _____

Qualifications: _____

Medical specialty: _____

Address: _____

Email: _____

Tel. work: _____

(Please include country and area codes)

Mobile: _____ Fax: _____

Signature of medical practitioner: _____ **Date:** _____

5. Player's declaration

I, _____, certify that the information given is accurate and that I am requesting approval to use a substance or method on the WADA Prohibited List. I authorize the release of personal medical information to CAF Anti-Doping Unit and relevant CAF bodies, as well as to WADA authorized staff, the WADA TUEC (Therapeutic Use Exemption Committee) and other anti-doping organizations' TUECs and authorized staff that may have a right to this information under the provisions of the World Anti-Doping Code.

I understand that my information will only be used for evaluating my TUE request and in the context of possible anti-doping violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my information; (2) exercise my right of access and correction or (3) revoke the right of these organizations to obtain my health information, I must notify my medical practitioner and CAF in writing of that fact. I understand and agree that it may be necessary for TUE-related information submitted prior to revoking my consent to be retained for the sole purpose of establishing a possible anti-doping rule violation, where this is required by the Code.



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I understand that if I believe that my personal information is not used in conformity with this consent and the International Standard for the Protection of Privacy and Personal Information I can file a complaint to WADA or CAS.

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. Notes

Note 1	Diagnosis <i>Evidence confirming the diagnosis must be submitted with this application. 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 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.</i>
Note 2	CAF competitions <i>CAF can only treat TUE applications from players currently registered to participate in one of its competitions.</i>
Note 3	Anti-Doping Organization <i>Specify the name of the anti-doping organization (ADO) to which you have previously submitted a TUE request. The ADO may be FIFA, UEFA, AFC and /or your national anti-doping organization, which could be either your national Olympic committee or another designated body.</i>

INCOMPLETE OR UNREADABLE FORMS WILL BE RETURNED AND WILL NEED TO BE RESUBMITTED.

Please fax the completed form to CAF at +20238247274 or email at: info@cafonline.com and keep a copy for your records.

Treatment may be administered only upon receipt of TUE approval.
Please Submit your Application to CAF and keep copy for your record