

**Before taking into consideration this demand, the FIVB requires the athlete's medical file.**

I apply for approval from FIVB for the therapeutic use of a prohibited substance on the WADA List of Prohibited Substances and Prohibited Methods, and according to the FIVB Medical Regulations that is subject to the Therapeutic Use Exemption application process.

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

## 1. Athlete Information

First Name: _____		Last Name: _____	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth (dd/mm/yy): _____	
Address: _____			
ZIP and City: _____		Country: _____	
Tel. Home: _____		Mobile: _____	
Tel. Work: _____		Fax: _____	
E-mail: _____			
National Federation: _____			
Sport: <input type="checkbox"/> Volleyball		<input type="checkbox"/> Beach Volleyball	

**Please tick the appropriate box**

- I am part of the FIVB Registered Testing Pool for Beach Volleyball or Volleyball
- I am part of a National Anti-Doping Organization Testing Pool
- I am participating in a FIVB or continental Event for which a TUE granted pursuant to the FIVB Medical Regulations is required<sup>1</sup>.
- Name of FIVB or continental Event: \_\_\_\_\_
- None of the above.

If any disability, please indicate disability: \_\_\_\_\_

<sup>1</sup> International Events for which a certificate of Therapeutic Use from FIVB is required are defined as being those Events where the FIVB or its Confederations are "the ruling body for the Event or appoint the technical officials for the Event". FIVB Events are listed on the FIVB website: [www.fivb.com](http://www.fivb.com)

## 2. Medical practitioner's information

First Name: _____	Last Name: _____
Medical specialty: _____	
Address: _____	
ZIP and City: _____	Country: _____
Tel. Work/Mobile: _____	Email: _____
Signature of Medical Practitioner: _____	

## 3. Medical Information

Diagnosis with sufficient medical information?: _____ _____
If a permitted medication can be used to treat the medical condition, please provide clinical justification for the requested use of the prohibited medication _____ _____ _____ _____

### Medical details:

Medication	Prohibited Substance(s) Generic name	Dose	Route of administration	Frequency	Duration of Treatment

<b>Intended duration of treatment:</b> (Please tick appropriate box)	<input type="checkbox"/> Once only	<input type="checkbox"/> Emergency
<input type="checkbox"/> Or duration (week/month): _____		

Additional information: \_\_\_\_\_

*2 Evidence confirming the diagnosis must be attached and forwarded with this application. The medical evidence must 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.*

*3 WADA maintains a series of guidelines to assist physicians in the preparation of complete and thorough TUE applications. These TUE Physician Guidelines can be accessed by entering the search term "Medical Information" on the WADA website: <https://www.wada-ama.org>. The guidelines address the diagnosis and treatment of a number of medical conditions commonly affecting athletes, and requiring treatment with prohibited substances.*

#### 4. Retroactive applications

Is this a retroactive application?  YES  NO

If yes, when started the treatment? \_\_\_\_\_

**Please indicate reason:**

Emergency treatment or treatment of an acute medical condition was necessary

Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection

Advance application not required under applicable rules

Other

**Please explain :**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 5. Previous applications

Have you submitted any previous TUE application(s)?  YES  NO

For which substance/method? \_\_\_\_\_

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

When? \_\_\_\_\_


**Decision:**  Approved  Not approved

#### 6. Medical practitioner's declaration

I, \_\_\_\_\_ certify the above-mentioned substance/s for the above named athlete is accurate and have been/are to be administered as the correct treatment for the above named medical condition. I further certify that the use of alternative medications not on the Prohibited List would be unsatisfactory for the treatment of the above named medical conditions.

Specify reasons: \_\_\_\_\_

Signature and date of Medical Practitioner: \_\_\_\_\_

Medical Stamp: 

## 7. Athlete's declaration

I, \_\_\_\_\_ certify that all the information is accurate and that I am requesting approval to use a Substance or Method from the WADA Prohibited List. I authorize the release of personal medical information to the FIVB and other responsible Anti-Doping Organization (ADO) as well as to WADA authorized staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO TUECs and authorized staff that may have a right to this information under the World Anti-Doping Code ("Code") and/or the International Standard for Therapeutic Use Exemptions.

I consent to my physician(s) releasing to the above persons any health information that they deem necessary in order to consider and determine my application.

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 health 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 FIVB 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.

I understand and agree that my TUE related data will be made accessible through ADAMS to the authorized ADO, to WADA and to the Therapeutic Use Exemption Committee.

I consent to the decision on this application being made available to all ADO's or other organizations, with Testing authority and/or results management authority over me.

I understand and accept that the recipients of my information and of the decision on this application may be located outside the country where I reside. In some of these countries data protection and privacy laws may not be equivalent to those in my country of residence.

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 exclusively to WADA or CAS.

Athlete signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If the athlete is a minor or has disability preventing him/her to sign this form, a parent or guardian shall sign together or on behalf of the athlete).

**All Applications must be submitted in English**

**Incomplete and/or illegible Applications will be returned and will need to be resubmitted**