

Standard Application Form

Therapeutic Use Exemptions

International Archery Federation (FITA)

Please complete ALL sections in **CAPITAL LETTERS** or **typing**. Incomplete notifications will be returned and will need to be resubmitted.

I apply for approval from the International Archery Federation (FITA) for the therapeutic use of a prohibited substance on the WADA List of Prohibited Substances and Prohibited Methods.

1. Athlete Information

Family Name(s): _____	First Name(s): _____
Female <input type="checkbox"/> Male <input type="checkbox"/> (tick appropriate box)	
Date of Birth (dd/mm/yy): ____ / ____ / ____	
Address: _____	
City: _____	Country: _____ Post Code: _____
Please write ALL telephone and fax numbers including Country code and area code:	
Contact Tel: _____	Mobile telephone: _____
Email: _____	Fax Number: _____
Sport: _____	Discipline/Position: _____
International or National Sporting Organization: _____	
If player with disability, indicate disability: _____	
Reply to be sent to: (Please select one option by ticking the appropriate box)	
<input type="radio"/> Fax: _____	Attention: _____
<input type="radio"/> Email: _____	
<input type="radio"/> Other: _____	

2. Notifying Medical Practitioner

Family Name(s): _____	First Name(s): _____
Qualifications (For example Dr.AB Cook, MD): _____	
Medical Speciality: _____	
(For example: Gastro-Enterologist): _____	
Address: _____	
City: _____	Country: _____ Post Code: _____
Please write ALL telephone and fax numbers including Country code and area code:	
Contact Tel: _____	Mobile Telephone: _____
Email: _____	Fax: _____

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3. Medical Information: Diagnosis with sufficient medical information

Evidence confirming the diagnosis **must be attached and forwarded with this application.** In those cases where the evidence is not written in English, a summary in English language must be enclosed. The medical evidence should include a comprehensive, relevant medical history and summarise 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.

4. Medical Details:

Prohibited Substance(s) <i>Generic Name</i>	Dose of Administration	Route of Administration	Frequency	Treatment Starts (dd/mm/yy)	Treatment finishes (dd/mm/yy)

Please tick appropriate box: once only emergency

In case of Emergency Treatment or Treatment of an Acute Medical Condition or Exceptional Circumstances, please indicate all relevant information to explain the emergency or the insufficient time to submit the TUE application.

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

Have you submitted any previous TUE application? Yes No

For which substance? (write generic name) _____

To whom was it submitted? _____

When was it submitted? _____

Decision: Approved Not Approved

