



FÉDÉRATION INTERNATIONALE
DE MOTOCYCLISME

Therapeutic Use Exemptions

TUE

Please complete all sections in capital letters or typing

1. Rider Information

Family Name(s):

Female Male

Nationality:

Address:

City:

Country:

Postcode:

Tel.:

(with international code)

Name(s):

Date of Birth (dd/mm/yy):

National Federation:

Mobile N°:

E-mail:

Fax :

Sport: **Motorcycling**

Discipline :

International Sport Organisation: Fédération Internationale de Motocyclisme **FIM**

If rider with disability, indicate disability:

Please mark the appropriate box:

I am part of a FIM Registered Testing Pool

I am part of a National Anti-Doping Organization Testing Pool

I am participating in a FIM event for which a TUE granted pursuant to the FIM rules is required

Name of the competition:

If rider with disability, indicate disability:



11 ROUTE DE SUISSE
CH - 1295 MIES

FOUNDED 1904

TEL +41 22 950 95 00
FAX +41 22 950 95 01
cmf@fim.ch
WWW.FIM-LIVE.COM



2. Medical information

Diagnosis with sufficient medical information (see note 1):

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

3. Medication details

Prohibited substance(s): <i>Generic name</i>	Dose	Route of administration	Frequency
1.			
2.			
3.			

Intended duration of treatment: <i>(Please tick appropriate box)</i>	once only <input type="checkbox"/> emergency <input type="checkbox"/> or duration (week/month):
--	--



Have you submitted any previous TUE application: yes no

For which substance?

To whom?

When?

Decision: Approved

Not approved

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:

Medical speciality:

Address:

Tel.:

Fax:

E-mail:

Signature of Medical Practitioner:

Date:



5. Rider's declaration

I, _____, certify that the information under 1. 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 Fédération Internationale de Motocyclisme (FIM) as well as to WADA authorized staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO TUEC and authorized staff that may have a right to this information under the provisions of the 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 organisations to obtain my health information, I must notify my medical practitioner and my ADO 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 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 TAS.

Rider's signature:

Date:

Parent's/Guardian's signature:

Date:

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

6. Note:

Note 1	Diagnosis <i>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.</i>
---------------	--

Incomplete Applications will be returned and will need to be resubmitted.

Please submit the completed form to the FIM and keep a copy for your records.