

Therapeutic use exemption (TUE) application form

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

Note that this TUE application form as well as the entire medical file (including all reports and documents) must be completed in one of the four official FIFA languages (English, French, Spanish or German).

1. Player information

Surname:	F	First name(s):
Female □	Male □	Date of birth (Day/Month/Year)
Address:		
City:		Country:
Tel.: (With internati	ional code)	Email:
Nationality:		
Name of cli	ub or national football association:	
If you are a	n athlete with an impairment, please indicate	the impairment:
Please ma	rk the appropriate box:	
□ I am par	t of the FIFA international registered testing p t of the FIFA pre-competition testing pool (PC ticipating in a FIFA competition ¹ :	
(Name of fifa o	competition)	
□lam par	t of a national anti-doping organisation (NAD	O) testing pool:
(Name of NAD	00)	
☐ None of	the above	

¹ Please refer to the FIFA TUE policy, which is published on www.fifa.com/who-we-are/legal/anti-doping/tue/, for the list of the designated competitions.



Reply to be sent:			
☐ by email	Address:		
☐ by post	Address:		
2. Previous applicatio	ns		
Have you submitted any p	revious TUE application(s) to a	n ADO for the same cond	dition?
□ Yes □ No			
If yes, for which substance or	method?		
To whom?		When?	
Decision:	ved □ Not approved		
3. Retroactive applica	tions		
Is this a retroactive applic	ation?		
□ Yes □ No			
If yes, on what date was treat	ment started?		
Do any of the following ex	ceptions apply? (Article 4.1 of t	the ISTUE):	
☐ 4.1 (a) You required emerg	gency or urgent treatment of a me	edical condition.	
	ent time, opportunity or other exce ation, or from having it evaluated,		t prevented you from
☐ 4.1 (c) You were not perm	tted or required to apply in advar	nce for a TUE as per	anti-doping rules.
☐ 4.1 (d) You are a lower-lev Anti-Doping Organization	el athlete who is not under the jur and were tested.	risdiction of an Internationa	l Federation or National
☐ 4.1 (e) You tested positive e.g. S9 glucocorticoids	after using a substance out-of-co	mpetition that was only pro	hibited in-competition



Please explain (if necessary, attach further documents):
□ Other retroactive applications (ISTUE, article 4.3). In rare and exceptional circumstances notwithstanding any other provision in the ISTUE, a player may apply for and be granted retroactive approval for their TUE if, considering the purpose of the Code, it would be manifestly unfair not to grant a retroactive TUE.
In order to apply under article 4.3, please include a full reasoning and attach all necessary supporting documentation.
Please explain (if necessary, attach further documents):
Physician to complete sections 4, 5 and 6
4. Medical information (Please attach relevant medical documentation)
Diagnosis with detailed medical information (please use the WHO ICD 11 classification if possible):

Note 1 - Diagnosis

Evidence confirming the diagnosis must be attached to and forwarded with this application. The medical information must include a comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging

Copies of the original reports or letters should be included whenever possible. In addition, a short summary that includes the diagnosis, key elements of the clinical exams, medical tests and the treatment plan would be helpful. If a permitted medication can be used to treat the medical condition, please provide justification for the therapeutic use exemption for the prohibited medication.

WADA maintains a series of guidelines to assist players and physicians in the preparation of complete and thorough TUE applications. These TUE Guidelines can be accessed by entering the search term "Checklist" on the WADA website: (https://www.wada-ama.org).



5. Medication details (Continue on separate sheet if necessary)

Prohibited substance(s) – generic name	Dose	Route of administration	Frequency of administration	Duration of treatment

6. Medical practitioner's declaration

I certify that the information in sections 4 and 5 above is accurate. I acknowledge and agree that my personal information may be used by FIFA to contact me regarding this TUE application, to verify the professional assessment in connection with the TUE process, or in connection with anti-doping rule violation investigations or proceedings. I further acknowledge and agree that my personal information will be uploaded to the Anti-Doping Administration and Management System (ADAMS) for these purposes (see FIFA's Data Protection Portal and the ADAMS Privacy Policy for more details).

I certify that the information in sections 2 and 3 above is accurate, and that the above-mentioned treatment is medically appropriate.

Name:		
Medical speciality:		
Licence number:	Licence body:	
Address:		
	_ "	
Tel.:	Email:	
Mobile:	Fax:	
Signature of medical practitioner:		
medical practitioner:	Date:	



7. Player's declaration	
,, certif	by that the information set out at sections 1, 2, 3 and 7 is accurate.
merits of my TÜE application to the following recipie a decision to grant, reject or recognise my TUE; the that determinations made by ADOs respect the ISTL TUE Committees (TUECs) who may need to review n	formation and records that they deem necessary to evaluate the ents: the Anti-Doping Organization(s) (ADO) responsible for making World Anti-Doping Agency (WADA), who is responsible for ensuring JE; the physicians who are members of relevant ADO(s) and WADA my application in accordance with the World Anti-Doping Code and y application, other independent medical, scientific or legal experts.
to other ADO(s) and WADA for the reasons describe	application, including supporting medical information and records, ed above, and I understand that these recipients may also need to nbers and relevant experts to assess my application.
have read and understood the TUE Privacy Notice in connection with my TUE application, and I accept	(below), explaining how my personal information will be processed its terms.
Player's signature:	Date:
Parent/guardian's signature:	Date:
	nting him/her from signing this form, a parent or guardian shall

Incomplete or illegible applications will be returned and will need to be resubmitted.

Please submit the completed form to the confidential email address of the FIFA Anti-Doping Department. As a first step, please send a formal email only to antidoping@fifa.org, without attaching the Therapeutic Use Exemption (TUE) application form or relevant medical documents. FIFA will send you a personalised link to an encrypted folder. You will then be asked to upload the tue application form and the relevant medical documents into that encrypted folder. Please never send personal information over email.



TUE Privacy Notice

This notice describes the personal information processing that will occur in connection with your submission of a TUE application.

Types of personal information (PI)

- The information provided by you or your physician(s) on the TUE Application Form (including your name, date of birth, contact details, sport and discipline, the diagnosis, medication, and treatment relevant to your application);
- · Supporting medical information and records provided by you or your physician(s); and
- · Assessments and decisions on your TUE application by ADOs (including WADA) and their TUE Committees and other TUE experts, including communications with you and your physician(s), relevant ADOs or support personnel regarding your application.

Purposes & use

Your PI will be used in order to process and evaluate the merits of your TUE application in accordance with the International Standard for Therapeutic Use Exemptions. In some instances, it could be used for other purposes in accordance with the World Anti-Doping Code ("Code"), the International Standards, and the anti-doping rules of ADOs with authority to test you. This includes:

- · Results management, in the event of an adverse or atypical finding based on your sample(s) or the Athlete Biological Passport; and
- In rare cases, investigations or related procedures in the context of a suspected Anti-Doping Rule Violation (ADRV).

Types of recipients

Your PI, including your medical or health information and records, may be shared with the following:

- · ADO(s) responsible for making a decision to grant, reject or recognise your TUE, as well as their delegated third parties (if any). The decision to grant or deny your TUE application will also be made available to ADOs with testing authority and/or results management authority over you;
- · WADA authorised staff:
- · Members of the TUE Committees (TUECs) of each relevant ADO and WADA; and
- Other independent medical, scientific or legal experts, if needed.

Note that due to the sensitivity of TUE information, only a limited number of ADO and WADA staff will receive access to your application. ADOs (including WADA) must handle your PI in accordance with the International Standard for the Protection of Privacy and Personal Information (ISPPPI). You may also consult the ADO to which you submit your TUE application to obtain more details about the processing of your Pl.

Your PI will also be uploaded to ADAMS by the ADO that receives your application so that it may be accessed by other ADOs and WADA as necessary for the purposes described above. ADAMS is hosted in Canada and is operated and managed by WADA. For details about ADAMS, and how WADA will process your PI, consult the ADAMS Privacy Policy (ADAMS Privacy Policy)

Fair & lawful processing

When you sign the Athlete Declaration, you are confirming that you have read and understood this TUE Privacy Notice. Where appropriate and permitted by applicable law, ADOs and other parties mentioned above may also consider that this signature confirms your express consent to the PI processing described in this notice. Alternatively, ADOs and these other parties may rely upon other grounds recognised in law to process your PI for the purposes described in this notice, such as the important public interests served by anti-doping, the need to fulfil contractual obligations owed to you, the need to ensure compliance with a legal obligation or a compulsory legal process, or the need to fulfil legitimate interests associated with their activities.



Rights

You have rights with respect to your PI under the ISPPPI, including the right to a copy of your PI and to have your PI corrected, blocked or deleted in certain circumstances. You may have additional rights under applicable laws, such as the right to lodge a complaint with a data privacy regulator in your country.

Where the processing of your PI is based on your consent, you can revoke your consent at any time, including the authorisation to your physician to release medical information as described in the Athlete Declaration. To do so, you must notify your ADO and your physician(s) of your decision. If you withdraw your consent or object to the PI processing described in this notice, your TUE will likely be rejected as ADOs will be unable to properly assess it in accordance with the Code and International Standards.

In rare cases, it may also be necessary for ADOs to continue to process your PI to fulfil obligations under the Code and the International Standards, despite your objection to such processing or withdrawal of consent (where applicable). This includes processing for investigations or proceedings related to ADRV, as well as processing to establish, exercise or defend against legal claims involving you, WADA and/or an ADO.

Safeguards

All information contained in a TUE application, including the supporting medical information and records, and any other information related to the evaluation of a TUE request must be handled in accordance with the principles of strict medical confidentiality. Physicians who are members of a TUE Committee and any other experts consulted must be subject to confidentiality agreements.

Under the ISPPPI, ADO staff must also sign confidentiality agreements, and ADOs must implement strong privacy and security measures to protect your PI. The ISPPPI requires ADOs to apply higher levels of security to TUE information, because of the sensitivity of this information. You can find information about security in ADAMS by consulting the response to "How is your information protected in ADAMS?" in our ADAMS Privacy and Security FAQs.

Retention

Your PI will be retained by ADOs (including WADA) for the retention periods described in Annex A of the ISPPPI. TUE certificates or rejection decisions will be retained for ten years. TUE application forms and supplementary medical information will be retained for 12 months from the expiry of the TUE. Incomplete TUE applications will be retained for 12 months.

Contact

Consult FIFA at antidoping@fifa.org for questions or concerns about the processing of your PI. To contact WADA, use privacy@wada-ama.org.