



SLSA ANTI DOPING POLICY Policy 5.2

Annexure 2 – Therapeutic Use Exemptions, Abbreviated Process (beta-2 agonists by inhalation, glucocorticosteroids by non-systemic routes)

- ✓ Please print clearly.
- ✓ Please attach additional information if space is not sufficient.

Privacy

- These personal details are being collected by Surf Life Saving Australia for the purpose of **registering your use of a banned substance..**
- The personal information will be disclosed to **an SLSA Medical Officer, the Australian Sports Drug Agency and the International Lifesaving Federation** for the purpose of proper registration of the exemption.
- You have the right to access the information held about you by Surf Life Saving Australia.

Application No:

I apply for approval from ...**SURF LIFE SAVING AUSTRALIA..** for the therapeutic use of a prohibited substance on the WADA List of Prohibited Substances and Prohibited Methods that is subject to the Abbreviated Therapeutic Use Exemption Application Process.

PLEASE COMPLETE ALL SECTIONS

1. Athlete Information

First Name	_____	Last Name	_____
Date of birth	_____	Male / Female (please circle)	
Address	_____ _____		
Town	_____	State	_____ Postcode _____
Phone (H)	_____	Phone (W)	_____
Phone (M)	_____	Fax	_____
Email	_____		
Sport	Life Saving	Discipline/Class & Position	_____
Member National Authority: Surf Life Saving Australia			
If you have a disability, please specify this disability _____			



Application No:

2. Notifying Medical Practitioner

Name, qualifications and medical speciality (see note 1) _____		

Address _____		

Town _____	State _____	Postcode _____
Phone (H) _____	Phone (W) _____	
Phone (M) _____	Fax _____	
Doctor's Stamp:		

3. Medical Information

Diagnosis: _____

Medical examination(s) /tests(s) performed: (Objective evidence – preferably Spirometry)



Application No:

Prohibited substance(s) Generic name of drug Do not add drugs not in TUE category	Dose of Administration Actual dosage in units	Route of Administration Specific route eg inhalation	Frequency of Administration
Anticipated duration of this medication plan			

Additional Information (eg Relevant history – specialists consulted, etc) _____

4. Medical Practitioner’s and athlete’s declaration

I,..... certify the above-mentioned substance/s for the above named athlete has 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 condition.

Specify reasons:

Signature of Medical Practitioner: **Date:**

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 authorise the release of personal medical information to the Anti-Doping Organisation as well as to WADA staff and to the WADA TUEC (Therapeutic Use Exemption Committee) as well as to other Anti-Doping Organisations under the provisions of the Code. I understand that if I ever wish to revoke the right of the Anti-Doping Organisation TUEC or WADA TUEC to obtain my health information on my behalf, I must notify my medical practitioner in writing of that fact.

Athletes signature: **Date:**

Parent’s/Guardian signature: **Date:**

(If the athlete 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 athlete)

Note 1	Name, qualifications and medical speciality. For example: Dr AB Cook, MD FRACP, Gastro-enterologist		
SLSA Rcvd	MO Approval	MO Date	Athlete Confirmation