

**FIPFA  
THERAPEUTIC USE EXEMPTION (TUE)  
APPLICATION & NOTIFICATION FORM**

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**INSTRUCTIONS**

- Please read Section 4 (FIPFA Anti-Doping Code – May 25,2010) carefully prior to completing this form
- Type information or write legibly in block letters using black ink in English
- Leave no blanks and answer all questions
- Section 1 must be completed by the athlete applying for a Therapeutic Use Exemption (TUE)
- Section 2, 3 & 4 must be completed by the athlete’s medical practitioner
- Section 5 must be signed by the athlete or his parent/guardian
- Completed TUE Applications & Notification Forms should be sent by the National Federation to the FIPFA to:

*Kevin Wong*  
*FIPFA Anti Doping Officer*  
by email to: [antidoping@fipfa.org](mailto:antidoping@fipfa.org)

or by mail

Singapore Disability Sports Council,  
230 Stadium Boulevard.  
Singapore 397799.

**INCOMPLETE TUE APPLICATIONS & NOTIFICATION FORMS WILL NOT BE  
CONSIDERED AND WILL BE RETURNED TO THE NATIONAL FEDERATION**

# Therapeutic Use Exemptions TUE

Please complete all sections in capital letters or typing

## 1. ATHLETE INFORMATION

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Male:  Female:

Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth (*dd /mm /yy*): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Sport: \_\_\_\_\_ Discipline/Position: \_\_\_\_\_

Sport Class (if applicable): \_\_\_\_\_

Duration of Disability: \_\_\_\_\_ / \_\_\_\_\_  
Years / Months

**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:**

Generic Name	Commercial Name	Dose of Administration	Route of Administration	Frequency of Administration
1.				
2.				
3.				

**Intended duration of treatment:** Once only emergency  
 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 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, Qualifications & Medical Speciality:

.....

Address: .....

City: ..... Country: ..... Postcode: .....

E-mail address: .....

Tel.: ..... Fax: .....

**Signature of Medical Practitioner:**

**Date:**

#### 5. ATHLETE DECLARATION

I, ..... certify that the information detailed in Section 1. is accurate and that I am requesting approval to use a Substance or Method from World Anti-Doping Code Prohibited List. I authorize the release of personal medical information to FIPFA as well as to WADA staff and to the WADA TUEC (Therapeutic Use Exemption Committee) under the provision of the FIPFA Anti-Doping Code. I understand that if I ever wish to revoke the right of the FIPFA TUEC or WADA TUEC to obtain my health information on my behalf, I must notify my medical practitioner in writing of that fact.

**Signature of Athlete:** ..... **Date:** .....

**Signature of Parent/ Guardian\*:** ..... **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)

## 6. NOTE :

### **Note 1: Diagnosis**

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.

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

Please submit the completed form to FIPFA Anti-Doping Officer, [antidoping@fipfa.org](mailto:antidoping@fipfa.org) and keep a copy for your records.