



LEBANESE OLYMPIC COMMITTEE
Sports Medicine & Anti-Doping Commission

THERAPEUTIC USE EXEMPTION (TUE) FORM

Athlete application: I herewith apply for approval for the therapeutic use of a prohibited substance on the WADA List of Prohibited Substances.

1. Athlete details

Surname: Given name(s):

Sex: M F Date of birth: / / (day/month/year)

Address:
.....

Tel. home..... Mobile:

Fax:..... E-mail:

Club:Nationality:

Other Information.....

2. Notifying medical practitioner

Name: Specialized area:

Function (hospital - private):

Address:

Tel. home:





Tel. work:

Mobile:

Fax:..... E-mail:

3. Medical information

Diagnosis:

Medical history:

Additional examinations:

- Laboratory:

- Imaging (summary):

For the use of beta-2 agonists by inhalation, results and curves must be attached to this application. Illegible documents will be returned.

Recommended medication:

	Prohibited substance(s) (<u>Generic name</u>)	Dosage	Route of administration	Frequency of administration
1				
2				
3				

Note: Dosage, method and frequency of administration must be accurately followed by the athlete.

Intended duration of treatment	
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4. Additional information:





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5. Doctor's declaration

I, the undersigned, certify the treatment proposed is appropriate for the medical condition indicated and that alternative treatment using authorised substances is not possible.

Signature: Date:

6. Athlete's declaration

I, the undersigned, certify that the information provided is accurate. I authorise the release of personal medical information to the organisations concerned with my application (SM & ADC /LOC, OCA / MC, WARADO and WADA).

Signature: Date:

Parent's or guardian's signature:
(If the Athlete is a minor or is unable to sign):

