International Powerlifting Federation

Application No: _____
(Office use only)

Therapeutic Use Exemptions (TUE) Application Form

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

1) Athlete Information

Surname: Kensenhuis **Given name:** _____

Female ☐ **Male** ☐ **Date of Birth:** _____ (dd/mm/yyyy)

City: _____ **Postcode:** _____

Country: _____ **Tel:** _____ (with international code)

email: _____

Sport: _____ **Position:** _____

National Sport-Organisation: _____

If you are an athlete with an impairment, please indicate impairment:

_____

2) Medical Information (continue on separate sheet if necessary)

Diagnosis: _____

_____

_____

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

_____

_____

_____

Note - Diagnosis:

Evidence confirming the diagnosis shall be attached and forwarded with this application. The medical evidence must 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. In the case of non-demonstrable conditions, independent supporting medical opinion will assist this application.

3) Medication details

Prohibited Substance: Generic name	**Dose**	**Route of Admin-istration**	**Frequency**	**Duration of Treatment**

4) Medical practitioner´s declaration

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

Name: _____

Med. speciality: _____

Address: _____

_____

_____

Tel: _____
(with international code)

Fax: _____
(with international code)

email: _____

_____ _____

Signature of Medical practitioner **Date:**
(dd/mm/yyyy)

5) Retroactive applications

Is this a retroactive application?	**If yes, on what date was the treatment started?**
YES: ☐ **NO:** ☐	_____ (dd/mm/yyyy)

Please indicate reason:

Emergency treatment or treatment of an acute medical condition was necessary ☐

Due to other exceptional circumstandes, there was insufficient time or opportunity to submit an application prior to sample collection ☐

Advance application nor required under applicable rules ☐

Other ☐
Please explain:

6) Previous applications

Have you submitted any previous TUE application(s)?

YES: ☐ **NO:** ☐

For which substance or method? _____

To whom? _____

When? _____ (dd/mm/yyyy)

Decision ☐ approved ☐ not approved

7) Athlete´s declaration

_____, *(insert athlete´s name)*
certify that the information set out at section **1)**, **5)** and **6)** is accurate. I authorize the release of personal medical information to the Anti-Doping Organization (ADO) as well as to the WADA authorized staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO TUECs and authorized staff, that may have a right to this information under the World Anti-Doping Code ("Code") and/or the International Standard of Therapeutic Use Exemptions.

I understand that my information will only be used for evaluating my TUE request and in the context of potential anti-doping violation investigations and procedures.
I understand that if I ever wish to (1) obtain more information about the use of my health informations; (2) exercise my right of access and correction; or (3) revoke the right of these organizations 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 consent to the decision on this application being made available to all ADOs, or other organizations, with testing authority and/or results management authority over me.

I understand and accept that the recipients of my informations and of the decision on this application may be located outside the country where I reside. In some other countries data protection and privacy laws may not be equivalent to those in my country of residence.

I understand that if I believe that my personal information is not used in conformity whith this consent and the International Standard for the Protection of Privacy and Personal Information, I can file a complaint to WADA and CAS.

_____ _____
Athlete´s signature: **date:** (dd/mm/yyyy)

12.12.2012
_____ _____
Legal guardian´s signature **date:** (dd/mm/yyyy)
(If the athlete is a Minor or has an impairment preventing him/her to sign this form the legal guardian shall sign on behalf of the athlete)
on behalf of the athlete)

Submit the completed form to the IPF Anti-Doping Administrator, Sabine Zangerle, Haus des Sports - Stadionstrasse 1, 6020 Innsbruck - Austria, Fax +43 512 937331 email: Sabine.Zangerle@Powerlifting-IPF.com and the chairman of the IPF Medical Committee Dr. Marek Kruszewski - email: dr.makrus@wp.pl

Keep a copy of the completed form for your own records.