

WORLD BOWLS



Abbreviated Therapeutic Use Exemptions (ATUE)

Please complete all sections in capital letters or typing

Beta-2 agonists by inhalation <input type="checkbox"/>	Glucocorticosteroids by Non-systemic routes* <input type="checkbox"/>
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* All routes other than orally, rectally, intravenously and intramuscularly.
Dermatological glucocorticosteroids do not require any TUE

1. Athlete Information

Surname:.....	Given Names:.....	
Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of Birth (d/m/y):.....	
Address:		
City:	County:	Postcode:
Tel.:	E-mail:.....	
<i>(with international code)</i>		
Sport :	Discipline/Position.....	
International or National Sport Organisation:		

2. Medical Information

Diagnosis:

N.B. Any ATUE may be reviewed at any time, by the ADO and/or WADA

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Prohibited substance(s): <i>Generic Name</i>	Dose	Route	Frequency
1.			
2.			
3.			
Intended duration of treatment <i>(Please tick appropriate box)</i>		Once only <input type="checkbox"/>	emergency <input type="checkbox"/>
		or duration (week/month)	

3. Medical practitioner's and athlete's 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:

Medical speciality:

Address:

Tel: **Fax:**

E-mail:

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 (ADO) as well as to WADA staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO under the provisions of the Code. I understand that if I ever wish to revoke the right of these organisations to obtain my health information on my behalf, I must notify my medical practitioner and my ADO in writing of that fact

Athlete's signature: **Date:**

Parent's /Guardian's 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)

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

Please submit the completed form (keeping a copy for your records) to

**Gary Smith, Chief Executive
World Bowls
Sportscotland,
Caledonia House, 1 Redheughs Rigg, South Gyle,
Edinburgh, EH12 9DQ,
Scotland**

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