



# International Hockey Federation (FIH)

## Therapeutic Use Exemptions (TUE)

Please complete all sections *in capital letters or typing*  
Use *English* or provide a translation of information in another language  
*Incomplete applications will be returned and must be resubmitted*

### 1 Athlete information

Surname:	-----	Given names:	-----
Female: <input type="checkbox"/>	Male: <input type="checkbox"/>	Date of birth: (d/m/y)	-----
Address:	-----		
City:	Postcode:	Country:	
Tel: (with international code)	-----	E-mail:	-----
Sport: Field Hockey	-----	Position:	-----
National Sporting Organisation:	-----		
International level athlete?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	-----
If athlete with disability, indicate disability:	-----		

### 2 Medical information

**Diagnosis with sufficient medical information** (see note 1 at the end of this form):

**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

<b>Prohibited substances(s)</b> <b>Pharmaceutical and/or generic name</b>	<b>Dosage</b> Choose appropriate:  cc inhalation iu mg ml spray µg	<b>Frequency</b> Choose appropriate:  as needed every # day(s) every # hour(s) every # week(s) pre-exercise # time(s) # times / day # times / week # year(s)	<b>Route of administration</b> Choose appropriate:  Arterial epidural inhalation intra-articular intra-dermal intramuscular intra-thecal intravenous mesotherapy  oral para-tendinous percutaneous peri-articular peri-tendinous rectal subcutaneous sublingual topical
1			
2			
3			
Intended duration of treatment: (tick appropriate box) <span style="float: right;">once only <input type="checkbox"/></span> <span style="float: right;">emergency <input type="checkbox"/></span> or duration (week/month): _____			

Have you submitted any previous TUE application: <span style="float: right;">yes <input type="checkbox"/></span> <span style="float: right;">no <input type="checkbox"/></span>
For which substance: _____
To whom: _____ When: _____
Decision: <span style="float: right;">approved <input type="checkbox"/></span> <span style="float: right;">not approved <input type="checkbox"/></span>

### 4 Medical practitioner's declaration

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medications not on the Prohibited List would be unsatisfactory for this condition.	
Name: _____	
Medical specialty: _____	
Address: _____	
Country: _____	
Tel: _____ Fax: _____	
E-mail: _____	
Signature of Medical Practitioner: _____ Date: _____	

## 5 Athlete's declaration

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 authorize the release of personal medical information to the Anti-Doping Organization (ADO: FIH) 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 organizations 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)

## 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.*

**Please submit the completed form through  
your National Hockey Association and keep a  
copy for your records**

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*TUE application form – February 2009*