



# Therapeutic Use Exemptions Standard Process

I apply for approval for the therapeutic use of a prohibited substance on the World Anti-Doping Agency (WADA) List of Prohibited Substances and Prohibited Methods that is subject to the Abbreviated Therapeutic Use Exemption Application Process.

**Please complete all sections**

## 1. Athlete Information

Last Name: ..... First Name..... M.I.....

Female  Male  (check appropriate box)

Address:.....

City: ..... State : ..... Zip code: .....

Date of Birth (month/day/year): .....

Tel. Work: (.....)..... Tel. Home : (.....)..... Mobile: (.....).....

E-mail: ..... Fax: (.....).....

Sport:.....

National Governing Body: USA Powerlifting International Federation: International Powerlifting Federation.

If athlete with disability, indicate disability: .....

## 2. Notifying medical practitioner

Name, qualifications and medical specialty (e.g. J.S. Smith, M.D., FRACP, Gastro-Enterologist):

.....  
.....

Address: .....

.....

E-mail address: .....

Tel. Work: (.....)..... Fax: (.....).....

## 3. Medical information

Diagnosis\*:.....



Medical examination(s)/test(s) performed:

.....  
.....

**\*Evidence confirming the diagnosis must be attached and be forwarded with this application. The medical evidence should include a comprehensive medical history and the results of all relevant examinations, laboratory 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 cause of non-demonstrable conditions independent supporting medical condition will assist with this application.**

Prohibited Substance(s)**	Dose	Route of Administration	Frequency

\*\*Provide details concerning all prohibited substances or methods for which approval is sought. Use generic names (INN) and specify medication dose, route of administration, and frequency. Provide anticipated duration of treatment separately for each medication for which approval is requested if the durations for different medications is expected to differ.

Anticipated Duration of this Medication Plan: .....

**Previous/Current TUE requests: Yes No (circle one)**

If yes, date:.....

Anti-doping agency/Sports federation applied to:.....

(Attach previous TUE's either granted of applied for)



Please describe reasons for not alternative therapies have not been prescribed and/or medications which are not prohibited have not been utilized instead of the prohibited substance or method requested in this TUE application (include information sufficient to demonstrate clinical justification for the medication or method requested) :

.....  
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.....

**Additional information (please detail or attach any additional information supporting this application):**

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**4. Medical practitioner and athlete's declaration**

I, ..... certify the above-mentioned substance/s for the above named athlete has been/are to be administered as the correct treatment for the above named medical condition. I further certify that the use of alternative medications not on the Prohibited List would be unsatisfactory for the treatment of the above named medical condition. Specify reasons:

.....  
.....  
.....

**Signature of Medical Practitioner:** .....

**Date:** .....



I, ..... certify that the information under 1, above, 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 USA Powerlifting, the International Powerlifting Federation, and WADA as necessary for the evaluation of my request for TUE, and for the purposes of informing these agencies of either the granting or refusal of my request for TUE. I understand that if I ever wish to revoke this consent, that I will be ineligible for exemption from disciplinary action that may result from use the prohibited substance or method. On receipt of such revocation, my TUE becomes null and void on the date received. I acknowledge that I may not compete if using a prohibited method or substance until such time as my requested TUE has been granted.

**Athlete's signature:**.....**Date:**.....

**Parent/Guardian's signature:**.....**Date:**.....

(If the athlete is a minor, or has a disability preventing him/her signing this form, a parent or guardian must sign on behalf of the athlete.)

**Please send you completed form to:**

Attn: TUE Committee Chair  
USA Powerlifting  
1120 Huffman Rd, Ste 24, #223  
Anchorage, AK 99515  
Telephone: (260) 248-4889  
Fax: (260) 248-4879  
[nationaloffice@usapowerlifting.com](mailto:nationaloffice@usapowerlifting.com)

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**For TUE Committee Use Only:**

Date Application Received:.....

Therapeutic Use Exemption Granted: \_\_\_\_ Yes \_\_\_\_ No

Reason Declined:.....

TUE Representative Signature:.....Date:.....