



**Botswana National Olympic Committee**  
**P Bag 00180**  
**Tel: +267 391 8944**  
**Fax: +267 3918907**

**THERAPEUTIC USE EXEMPTION APPLICATION FORM**

Please complete all sections **in capital letters or in typing**

Surname: ..... Given names: .....

Female  Male  Date of Birth (dd/mm/yy) .....

Address: .....

City: ..... Country: ..... Postcode: .....

Tel: ..... Fax: ..... Email: .....

(with international code)

Sport: ..... Discipline / Position: .....

International or National Sport Organization.....

Please mark the appropriate box

I am part of the International Federation Registered Testing Pool

I am part of the National Anti-Doping Organization Testing Pool

I am part of the participating in an International Federation event for which a TUE granted pursuant to the International Federation's rule is required-Name of competition.....

None of the above

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

<sup>1</sup>Refer to your International Federation for the list of designated events The TUE application complies with the SA Institute for Drug-Free Sport Act (Act No14, 1997) and the World Anti-Doping Code

**1. Medical Information (Prescribing Physician to Complete)**

Diagnosis with sufficient medical information (see note 1):

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

If permitted medication can be used to treat the medical condition, provide clinical justification for the requested use of the prohibited medication.

.....  
.....

**2. Medication Details**

<b>Prohibited substance(s) Generic Name/ Active ingredients</b>	<b>Trade Name</b>	<b>Dose</b>	<b>Route</b>	<b>Frequency</b>	<b>Date(s) Of Treatment(s)</b>
1					
2					
3					

Intended duration of the treatment (Please tick appropriate box)	Once only <input type="checkbox"/> emergency* <input type="checkbox"/> Or duration (week / month): .....
Have you submitted any TUE application <input type="checkbox"/> YES <input type="checkbox"/> NO For which substance _____ To whom? _____ When? _____ Decision :    Approved <input type="checkbox"/> Not approved <input type="checkbox"/>	

**3. Medical Practitioner's declaration**

I certify that the above-motined treatment is medically appropriate and that the use of alternative medication not on the prohibited list would be unsatisfactory for this condition

Name: \_\_\_\_\_

Medical specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Medical Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

**4. Athlete's declaration**

I, ..... Certify that 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) 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 my information will only be used for evaluating my TUE request and in the context of possible Anti-Doping violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my information; (2) exercise my right of access and correction or (3) revoke the right of the organization to obtain my health information, I must notify my medical practitioner and my ADO in writing of the fact. I understand and agree that it may be necessary for TUE-related information submit ion prior to evoke 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 understand that if I believe that my personal information is not used in conformity with this consent and the International Standard for the Protection of Privacy and Personal Information I can file a complaint to WADA or CAS.

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)

## 5. Notes

<b>Note 1</b>	<b>Diagnosis</b> <i>Evidence confirming the diagnosis shall 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.</i>
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**Incomplete Application will be returned and will need to be resubmitted.**

**Please submit the completed form to the Botswana National Olympic Committee by DHL and keep a copy for your records.**