



The World Boxing Council and its Clean Boxing Program (CBP) in conjunction with the Voluntary Anti-Doping Association (VADA) have agreed that the following application shall be used for a Therapeutic Use Exemption (TUE):

Therapeutic Use Exemption Application (TUE)

- * Please complete all sections in CAPITAL LETTERS or typing; incomplete applications will be returned.
- * No TUE will be in effect until the athlete is notified in writing following review of the documentation.
- * Please submit your application to VADA by fax at (702) 255-8420 or by email to TUE@VADA-testing.org.
- * Please use extra pages if necessary; please keep a copy of this application for your records.
- * If you do not receive confirmation of receipt of your TUE application within three (3) business days, please contact VADA immediately.

Date: _____
month day year

Athlete Information

NAME: _____
last first middle

RING NAME: _____ MALE FEMALE

PHYSICAL ADDRESS:

street address city state zip code country
() ()
home telephone # cell phone #

email address (note - by entering an email address, you agree to receive communication about this TUE by email)

MAILING ADDRESS: (if different from physical address above)

street address city state zip code country

DATE OF BIRTH: _____ AGE: _____
month day year

PLACE OF BIRTH: _____
city state country

Do you speak, read, and understand English comfortably?

 Yes No

If you would like to designate someone else to speak to VADA regarding this TUE application, please list their name(s) and relationships here:

1 _____
2 _____

Please list any upcoming bouts you intend to participate in (INCLUDE DATES AND LOCATIONS IF KNOWN):

1 _____
2 _____
3 _____

List all medications, dietary supplements, over-the-counter medications, vitamins, or similar substances that you currently consume regularly or have consumed within the past fourteen (14) days:

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____

Previous TUE Applications

Have you previously submitted a TUE Application?

 Yes No

Previous Application #1:

For which substance (generic name)? _____

What was the reason the substance was used? _____

To which organization was it submitted? _____

When was it submitted? _____

What was the outcome? approved

not approved

Previous Application #2:

For which substance (generic name)? _____

What was the reason the substance was used? _____

To which organization was it submitted? _____

When was it submitted? _____

What was the outcome? approved

not approved

Medical Practitioner

NAME: _____

last

first

middle

QUALIFICATIONS (e.g. MD): _____

PHYSICAL ADDRESS:

street address

city

state

zip code

country

()

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fax #

cell phone #

email address

(note - by entering an email address, you agree to receive communication about this TUE by email)

MAILING ADDRESS: (if different from physical address above)

street address

city

state

zip code

country

Medication Information: Diagnosis with Sufficient Medical Information

Evidence confirming the diagnosis must be attached and forwarded with this application. In those cases where the evidence is not written in English, a summary in English should be enclosed. The medical evidence should a comprehensive medical history and summarize the results of all relevant examinations, laboratory investigations, and imaging studies. Copies of the original reports or letters should be included where possible. Evidence should be as objective as possible in the clinical circumstances and, in the case of non-demonstrable conditions, independent supporting medical opinion should be provided in support of this application. VADA must have enough medical documentation to come to the same diagnosis without seeing the patient.

DIAGNOSIS: _____

MEDICAL EXAMINATION(S)/TEST(S) PERFORMED: _____

Medication Details

Prohibited Substances(s)/Method(s) Generic Name	Dosage, Strength, & Frequency (including no. of e.g. pills/puffs)	Route of Administration	Treatment starts (dd/mm/yy)	Treatment finishes (dd/mm/yy)

Medical Practitioner's Declaration (to be completed by Medical Practitioner)

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medications not on VADA's prohibited list would be unsatisfactory for this condition.

Signed: _____
signature of Medical Practitioner

Date: _____
month day year

Athlete Declaration

I certify that the information contained herein is accurate and that I am requesting approval to use a substance or method that is prohibited by the Clean Boxing Program (CBP). I authorize the release of my personal medical information to the CBP (including VADA) and any independent medical or scientific experts appointed by the CBP. I understand that if I ever wish to revoke the right of the CBP to obtain my health information, I must notify the CBP and my medical practitioner(s) in writing of that fact. I have read and understand the CBP's current TUE policy. By competing and submitting this form I consent to the use for legitimate anti-doping purposes of the information provided in this form and in all past or future filings or documents submitted to the CBP. I understand that using any prohibited substance or method is at my own risk of committing a doping violation until my request has been approved and I receive approval in writing from the CBP.

I have read and fully understand the above declaration and information requested.

Signed: _____
signature of Athlete

Date: _____
month day year

Mi name, as it appears in this document, is a legal and official certification that I am personally signing this document and that the official identification, which copy I am attaching herewith, is a legitimate and legal identification that competent authorities have issued to me.