



Therapeutic Use Exemptions(TUE)

APPLICATION FORM

治療用途豁免申請表

Please complete all sections in capital letters or typing. Athlete to complete sections 1, 5, 6 and 7; physician to complete sections 2, 3 and 4. Illegible or incomplete applications will be returned and will need to be re-submitted in legible and complete form.

請用大寫字母或打字填寫所有部分。運動員完成第 1、5、6、7 節；醫生完成第 2、3 和 4 節。不清晰或不完整的申請將被退回，並需要以清晰和完整的形式重新提交。

1. Athlete Information 運動員的資訊

Surname 姓: Given Names 名字:

Female 女 Male 男 Date of Birth (d/m/y) 生日(日/月/西元):

Address 地址:

City 城市: Country 國家: Postcode 郵遞區號:

Tel 電話: E-mail:
(與國際區碼 with international code)

Sport 運動項目: Discipline/Position 位置:

International or National Sport Organization 國際或國家體育組織:

If you are an Athlete with an impairment, please indicate the impairment:

如果你是一名身有殘疾的運動員，請注明您的殘疾部位

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

2. Medical information (continue on separate sheet if necessary)

醫療資料(如有需要，可繼續填寫)

Diagnosis 診斷:

.....
.....

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

如果尚有其他許可使用的藥物能治療疾病，請提供必須使用被禁止的藥物的臨床理由

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.....
.....

Comment 備註:

Evidence confirming the diagnosis shall be attached and forwarded with this application. The medical information must 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. In the case of non-demonstrable conditions, independent supporting medical opinion will assist this application.

確認診斷的證據應附呈本申請書。需提供的醫學資料必須包括全面的病史和所有相關檢查、實驗室調查和影像學研究的結果。如有可能，應包括原始報告或信件的副本。在臨床情況下，證據應盡可能客觀。在無法提供足夠證明的情況下，獨立的醫學支持意見將有助於這一件申請案。

WADA maintains a series of guidelines to assist physicians in the preparation of complete and thorough TUE applications. These TUE Physician Guidelines can be accessed by entering the search term "Medical Information" on the WADA website: <https://www.wada-ama.org>. The guidelines address the diagnosis and treatment of a number of medical conditions commonly affecting athletes, and requiring treatment with prohibited substances.

世界運動禁藥管制機構維護了一系列的指導方針，以幫助醫生準備完整和全面的 TUE 申請。通過在 WADA 網站上輸入搜索詞“醫療資訊”可以訪問這些 TUE 醫生指南：<https://www.wada-ama.org>。該指南涉及對一些通常影響運動員的醫療條件的診斷和治療，並要求使用禁用物質進行治療。

3. Medication details 藥物的細節

Prohibited substance(s): 禁用物質 Generic name (通用名稱)	Dose 劑量	Route of Administration 給藥途徑	Frequency 頻率	Duration of Treatment 治療持續時間
1.				
2.				
3.				

4. Medical Practitioner's Declaration 醫生的聲明

<p>I certify that the above information at section 2 and 3 above is accurate, and the above -mentioned treatment is medically appropriate.</p> <p>我證明上述第 2 和第 3 條的資訊是正確的，上述治療在醫學上是適當的。</p> <p>Name 姓名:</p> <p>Medical speciality 醫學專科:</p> <p>Address 地址:</p> <p>Tel. 電話: Fax 傳真:</p> <p>E-mail:</p> <p>Signature of Medical Practitioner 醫生的簽名: Date 日期:</p>

Note: Any application form does not include a doctor signature and stamp will be rejected.

備註：任何的申請表格若無包含醫生簽名及蓋章，申請將被拒絕。

5. Retroactive applications 追溯使用申請

<p>Is this a retroactive application?</p> <p>這是追溯申請嗎？</p> <p>Yes 是: <input type="checkbox"/></p> <p>No 否: <input type="checkbox"/></p> <p>If yes, on what date was treatment started? 如果是，什麼時候開始治療？</p> <p>.....</p>	<p>Please indicate reason 請註明原因:</p> <p>Emergency treatment or treatment of an acute medical condition was necessary <input type="checkbox"/></p> <p>因為對於急症必要的緊急治療或治療而使用</p> <p>Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection <input type="checkbox"/></p> <p>由於其他的特殊情況，在禁藥檢測前沒有足夠的時間或機會提交申請</p> <p>Advance application not required under applicable rules <input type="checkbox"/></p> <p>在適用的規則下不要求提前申請</p> <p>Other 其他 <input type="checkbox"/></p> <p>Please explain 請解釋:</p> <p>.....</p> <p>.....</p> <p>.....</p>
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6.Previous applications 先前的申請

<p>Have you submitted any previous TUE application(s)? 你之前有遞交過(其他單位的)TUE 的申請嗎？</p> <p>Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/></p>
<p>For which substance or method? 當時申請的禁用物質或方法</p> <p>To whom 跟誰申請? When 何時申請的?</p> <p>Decision 審核結果: Approved 批准 <input type="checkbox"/> Not approved 不准 <input type="checkbox"/></p>

6.Athlete's declaration 運動員的宣言

I, _____, certify that the information set out at sections 1, 5 and 6 is accurate. I authorize the release of personal medical information to the Anti-Doping Organization (ADO) as well as to WADA authorized staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO TUECs and authorized staff that may have a right to this information under the World Anti-Doping Code ("*Code*") and/or the International Standard for Therapeutic Use Exemptions.

我_____,證明提供的資訊在第 1、5 和 6 小節是準確的。我授權個人之醫療資訊能夠提供給運動禁藥管制組織(ADO)以及 WADA 授權的員工、TUEC(治療用途豁免審查委員會)和其他 ADO 及 TUECs 授權的人員在世界運動禁藥管制規定(“code”)和/或治療用途豁免的國際標準下可能有權利使用這一資訊。

I consent to my physician(s) releasing to the above persons any health information that they deem necessary in order to consider and determine my application.

我同意我的醫生向上述人員發佈他們認為必要的健康資訊，以便考慮和確認我的申請。

I understand that my information will only be used for evaluating my TUE request and in the context of potential anti-doping rule violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my health information; (2) exercise my right of access and correction; or (3) revoke the right of these organizations to obtain my health information, I must notify my medical practitioner and my ADO in writing of that fact. I understand and agree that it may be necessary for TUE-related information submitted prior to revoking my consent to be retained for the sole purpose of establishing a possible anti-doping rule violation, where this is required by the Code.

我明白我的資料只會用於評估我的 TUE 申請，以及可能違反運動禁藥管制規則的調查和申請。本人明白如本人希望 (1) 獲得更多有關本人健康資料的使用資料; (2) 行使查閱、改正的權利; 或者 (3) 撤銷這些機構獲取我的健康資訊的權利，我必須以書面形式通知我的醫生和我的 ADO。我理解並同意，在撤銷我的同意之前，可能有必要提交與 TUE 有關的資訊，以作為建立可能違反運動禁藥管制規則的唯一目的。

I consent to the decision on this application being made available to all ADOs, or other organizations, with Testing authority and/or results management authority over me.

本人同意本申請的決定將向所有技術支援協會或其他組織提供，並由測試部門和/或結果管理部門對本人負責。

I understand and accept that the recipients of my information and of the decision on this application may be located outside the country where I reside. In some of these countries data protection and privacy laws may not be equivalent to those in my country of residence.

本人明白及接受本人所提供的資料及有關申請的決定的收件人，可能位於本人居住的國家以外。在其中一些國家，資料保護和隱私法可能並不同於我居住的國家。

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.

我明白，如果我認為我的個人資料不符合本同意及保護私隱及個人資料的國際標準，我可向世界運動禁藥管制組織或 CAS 機關提出投訴。

Athlete's signature 運動員的簽名: _____ **Date 日期:** _____

Parent's/Guardian's signature 家長/監護人的簽名: _____ **Date 日期:** _____

(If the Athlete is a Minor or has an impairment preventing him/her signing this form, a parent or guardian shall sign on behalf of the Athlete)

(如運動員為未成年人或有妨礙其簽署本表格的障礙，家長或監護人須代表運動員簽署)

Incomplete Applications will be returned and will need to be resubmitted. Please submit the completed form to OCA. For information on where to apply for TUEs, see the Doping Control Handbook to be provided at a later date.

不完整的申請將被退回並需要重新提交。請將填妥的表格提交 OCA。有關在何處申請 TUE 的資訊，請參閱稍後提供的興奮劑控制手冊。

Keeping a copy for your records. 保存一份你的記錄