



The Olympic Committee of Israel
6, Shitrit St., Tel Aviv 6948206
Phone: +972-3-6498385
Fax: +972-3-6498395
info@inado.org.il



Application for a Therapeutic Use Exemption of a Prohibited Substance and/or Prohibited Method

Please complete ALL sections in **CAPITAL LETTERS** or typing.

Please keep a copy of any documents submitted for your records.

1. Athlete Information		
Title Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Surname	Given Name(s)
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth (dd/mm/yyyy)	
Address		
Email		
Phone (h)	Mobile	
Sport	Discipline/position	
National Sporting Organisation		
Athlete with a disability Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please indicate disability	

2. Notifying medical practitioner (please write clearly using block letters or practice stamp)	
Surname	Given Name(s)
Specialty and qualifications	
Address	
Email	
Phone (w)	Mobile



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3. Previous TUE

Have you previously had, or do you currently have, any TUE(s)? Yes No

If yes, please attach any current or relevant TUE(s) to this application or please fill out the following information in relation to those applications:

Date	Anti-Doping Organisation/TUE Committee	Substance

Have you previously had any TUE applications rejected? Yes No

If yes, please fill out the following information in relation to those applications:

Date	Anti-Doping Organisation/TUE Committee	Substance

4. Medication/Treatment details (please write clearly using block letters)

Medication/Treatment	Prohibited Substances/Method	Dose & Frequency	Route of Administration	Duration



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5. Diagnosis with medical information (please write clearly using block letters)

Evidence confirming the applicant's diagnosis (in the form of a typed letter) **MUST BE ATTACHED** to this application.

The medical evidence should include clinical history and the results of all examinations, investigations, imaging studies and specialist medical reports. 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. Any additional investigations, examinations or imaging studies requested by I-NADO will be undertaken at the expense of the applicant or his/her National Sporting Organisation.

If a permitted substance or method is available to treat the medical condition, provide clinical justification for the requested use of the prohibited substance or method:

Full details of all medications or treatments that have been trialled:

Additional comments:



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6. Athlete application, authority and declaration

I _____ declare that the information I provide in connection with this application is accurate and complete. I request that I-NADO provide me with an approval to use a substance or method that is prohibited by the rules of my sport. I consent to personal information relating to me being disclosed to, and used by relevant persons, bodies and agencies as appropriate for the consideration of this application (and any appeal) and the implementation, co-ordination, administration, monitoring and enforcement of the therapeutic use exemptions under the relevant national and international anti-doping programs of my sport. I understand that these bodies and agencies may include the Israel Anti-Doping Authority, Minister for Sport, and international anti-doping agencies and organisations, the relevant national and international sporting administration organisations of my sport and anybody authorised to conduct an appeal of I-NADO's decision in respect of this application. I understand that relevant persons include, but is not limited to, I-NADO staff, medical practitioners consulted by I-NADO and I-NADO's agents. I understand that if I wish to revoke the consent I must notify my medical practitioner and I-NADO in writing to highlight that effect.

Athlete's signature:

Date:

Parent's / Guardian's signature:
(athletes under 18 yrs of age)

Date:

7. Medical practitioner's declaration

I, _____ declare the abovementioned medication/s for the above named athlete is the medically appropriate treatment for the above named medical condition. I further certify that the use of alternative medications or methods not on the WADA Prohibited List would be unsatisfactory for the treatment of the above medical condition.

Signature of medical practitioner:

Date:



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8. Application checklist (please complete before sending application)	
1. Athlete details complete	<input type="checkbox"/>
2. Medical practitioner details complete	<input type="checkbox"/>
3. TUE application details complete	<input type="checkbox"/>
4. Medication details including all medications and treatments tried (generic names and doses) Separate diagnosis and medical evidence attached: (a) Comprehensive medical history; (b) Results of examinations, laboratory investigations, imaging studies and/or specialist medical reports; (c) Copies of original reports or letters (where appropriate).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Diagnosis with medical information	<input type="checkbox"/>
6. Athlete declaration signed	<input type="checkbox"/>
7. Medical practitioner declaration signed	<input type="checkbox"/>