



# International Boxing Association

Chair of the AIBA Doping Control Sub-Commission: Dr. Vagner Mortensen

### Please return this form to

AIBA  
Anne Bloch (Anti-Doping Administrator)  
MSI Avenue de Rhodanie 54  
1007 Lausanne  
Switzerland – email : [anne.bloch@aiba.org](mailto:anne.bloch@aiba.org)

## Therapeutic Use Exemptions TUE

Please complete all sections in capital letters or typing

### 1. Athlete Information

|   |                               |                                   |  |
|---|-------------------------------|-----------------------------------|--|
| Surname: _____  |                               | Given Names: _____                |  |
| Female <input type="checkbox"/>   | Male <input type="checkbox"/> | Date of Birth (dd/mm/yyyy): _____ |  |
| Address: _____  |                               |                                   |  |
| City: _____   | Country: _____                | Postcode: _____                   |  |
| Tel.: _____   |                               | E-mail : _____                    |  |
| <i>(with international code)</i>  |                               |                                   |  |
| Sport: (AMATEUR) BOXING   |                               | Weight class: _____               |  |
| International Sport Federation: AIBA – INTERNATIONAL BOXING ASSOCIATION |                               |                                   |  |
| National Sporting Federation: _____                                     |                               |                                   |  |

### 2. Medical information

|   |
|---|
| <p><b>Diagnosis with sufficient medical information</b> (see note 1):</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><b>If a permitted medication can be used to treat the medical condition, provide clinical justification for the requested use of the prohibited medication</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> |
|---|

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

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medications not on the Prohibited List would be unsatisfactory for this condition.

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

Medical Speciality: \_\_\_\_\_

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

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

#### 5. Athlete's declaration

I, \_\_\_\_\_ certify 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 International Boxing Association as well as to WADA staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other Anti-Doping Organizations (ADO) under the provisions of the Code. I understand that if I ever wish to revoke the right of these organizations to obtain my health information on my behalf, I must notify my medical practitioner and AIBA in writing of that fact.

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)

#### 6. Note:

**Note 1**

*Diagnosis*

*Evidence confirming the diagnosis must 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.*

**Incomplete Applications will be returned and need to be resubmitted.**

**Please submit the completed form to the International Boxing Association and keep a copy for your records.**

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