Please complete all sections in block capitals OR TYPE.

Incomplete or illegible forms will be reTURNed AND WILL NEED TO BE RESUBMITTED.

1. **Player Information**

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❒ Female ❒ Male

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of club or national football association: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participating in which UEFA competition? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NB: UEFA can only treat TUE applications from players currently registered to participate in a UEFA competition**

Date of next match/proposed return to competition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Previous applications**

Have you submitted any previous TUE application(s) to any Anti-Doping Organisation for the same condition? ❒ Yes ❒ No

If yes, on what date? (dd/mm/yyyy): \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For which substance or method? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To which anti-doping organisation? Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Decision: Approved ❒ Not approved ❒ *(if approved, please attach previous TUE(s))*

1. **Retroactive applications**

Is this a retroactive application?❒ Yes ❒ No

If yes, on what date was treatment started? (dd/mm/yyyy): \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the reason for the retroactive application: (Article 4.1 of the WADA International Standard for Therapeutic Use Exemptions [ISTUE]):

❒ You required emergency or urgent treatment of a medical condition;

❒ There was insufficient time, opportunity or other exceptional circumstances that prevented you from submitting the TUE application, or having it evaluated, before getting tested.

❒ You tested positive after using a substance Out-of-Competition that was only prohibited In-Competition (See S6 to S9 of the [WADA Prohibited List](https://www.wada-ama.org/sites/default/files/resources/files/2021list_en.pdf); e.g. S9 glucocorticoids).

Please explain (if necessary, attach further documents): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❒ Other Retroactive Applications (Article 4.3 of the ISTUE):

In rare and exceptional circumstances notwithstanding any other provision in the ISTUE, an Athlete may apply for and be granted retroactive approval for their TUE if, considering the purpose of the Code, it would be manifestly unfair not to grant a retroactive TUE.

In order to apply under Article 4.3, please include a full reasoning and attach all necessary supporting documentation. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Medical information**

Evidence confirming the diagnosis must be submitted with this application. The medical evidence must include a comprehensive medical history including documentation from the original diagnosing physician(s) (where possible) and the results of all relevant examinations, laboratory investigations and imaging studies. **If the medical information is not in one of UEFA’s official languages, (English/French/German), a clear summary of the medical condition and diagnostic tests must be provided.**

WADA maintains a series of TUE Checklists to assist physicians in the preparation of complete and thorough TUE applications. These can be accessed by entering the search term ‘Checklist’ on the WADA website: [www.wada-ama-org](http://www.wada-ama-org)

Diagnosis with sufficient medical information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Medication details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Generic name of prohibited substance(s)** | **Dose**  | **Route of****administration** | **Frequency of****administration** | **Duration of treatment** |
| 1.  |  |  |  |  |
| 2.  |  |  |  |  |
| 3.  |  |  |  |  |

1. **Medical practitioner’s declaration**

I certify that the information above is accurate. I acknowledge and agree that my personal data may be used by Anti-Doping Organization(s) (ADO) to contact me regarding this TUE application, to verify the professional assessment in connection with the TUE process, or in connection with Anti-Doping Rule Violation investigations or proceedings. I further acknowledge and agree that my personal data will be uploaded to the Anti-Doping Administration and Management System (ADAMS) for these purposes (see [UEFA Player Privacy Notice](https://www.uefa.com/playerprivacynotice/) and the [ADAMS Privacy Policy](https://adams-help.wada-ama.org/hc/en-us/articles/360012071820-ADAMS-Privacy-Policy#h_01121492-b374-476b-b44a-948d88fa3544) for more details)

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

Qualifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical speciality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Tel. (work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of medical practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Player’s declaration**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that the information given above is accurate and complete.

I authorise my physician(s) to release the medical information and records that they deem necessary to evaluate the merits of my TUE application to the following recipients: the Anti-Doping Organisation(s) (ADO) responsible for making a decision to grant, reject, or recognize my TUE; the World Anti-Doping Agency (WADA), who is responsible for ensuring determinations made by ADOs respect the ISTUE; the physicians who are members of relevant ADO(s) and WADA TUE Committees (TUECs) who may need to review my application in accordance with the World Anti-Doping Code and International Standards; and, if needed to assess my application, other independent medical, scientific or legal experts.

I further authorise UEFA to release my complete TUE application, including supporting medical information and records, to other ADO(s) and WADA for the reasons described above, and I understand that these recipients may also need to provide my complete application to their TUEC members and relevant experts to assess my application.

I have read and understood the TUE Privacy Notice explaining how my personal data will be processed in connection with my TUE application.

**Player’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/guardian’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(If the player is a minor or has an impairment preventing him/her from signing this form, a parent or guardian shall sign with or on behalf of the player.)*

***Please email the completed form and medical information to UEFA at*** ***antidoping@uefa.ch*** ***and keep a copy for your records. For added security, please protect the documents with a password and send the password in a separate email to*** ***Rebecca.lee@uefa.ch***

**Treatment may be administered only upon receipt of TUE approval**

# **TUE Privacy Notice**

This Notice describes the personal data processing that will occur in connection with your submission of a TUE Application.

## **Types of Personal Data**

* The information provided by you or your physician(s) on the TUE Application Form (including your name, date of birth, contact details, sport and discipline, the diagnosis, medication, and treatment relevant to your application);
* Supporting medical information and records provided by you or your physician(s); and
* Assessments and decisions on your TUE application by ADOs (including WADA) and their TUE Committees and other TUE experts, including communications with you and your physician(s), relevant ADOs or support personnel regarding your application.

## **Purposes & Use**

Your personal data will be used in order to process and evaluate the merits of your TUE application in accordance with the International Standard for Therapeutic Use Exemptions In some instances, it could be used for other purposes in accordance with the World Anti-Doping Code (Code), the International Standards, and the anti-doping rules of ADOs with authority to test you. This includes:

* Results management, in the event of an adverse or atypical finding based on your sample(s) or the Athlete Biological Passport; and
* In rare cases, investigations, or related procedures in the context of a suspected Anti-Doping Rule Violation (ADRV).

## **Types of Recipients**

Your personal data, including your medical or health information and records, may be shared with the following:

ADO(s) responsible for making a decision to grant, reject, or recognise your TUE, as well as their delegated third parties (if any). The decision to grant or deny your TUE application will also be made available to ADOs with testing authority and/or results management authority over you;

* WADA authorised staff;
* Members of the TUE Committees (TUECs) of each relevant ADO and WADA; and
* Other independent medical, scientific or legal experts, if needed.

Note that due to the sensitivity of TUE information, only a limited number of ADO and WADA staff will receive access to your application. ADOs (including WADA) must handle your personal data in accordance with the International Standard for the Protection of Privacy and Personal Information (ISPPPI). You may also consult UEFA to obtain more details about the processing of your personal data (see [UEFA Player Privacy Notice](https://www.uefa.com/playerprivacynotice/)).

Your personal data will also be uploaded to ADAMS by UEFA so that it may be accessed by other ADOs and WADA as necessary for the purposes described above. ADAMS is hosted in Canada and is operated and managed by WADA. For details about ADAMS, and how WADA will process your personal data, consult the ADAMS Privacy Policy (ADAMS Privacy Policy).

## **Fair & Lawful Processing**

When you sign the Player’s declaration, you are confirming that you have read and understood this TUE Privacy Notice. Where appropriate and permitted by applicable law, ADOs and other parties mentioned above may also consider that this signature confirms your express consent to the personal data processing described in this Notice. Alternatively, ADOs and these other parties may rely upon other grounds recognised in law to process your personal data for the purposes described in this Notice, such as the important public interests served by anti-doping, the need to fulfil contractual obligations owed to you, the need to ensure compliance with a legal obligation or a compulsory legal process, or the need to fulfil legitimate interests associated with their activities.

## **Rights**

You have rights with respect to your personal data under the ISPPPI, including the right to a copy of your personal data and to have your personal data corrected, blocked or deleted in certain circumstances. You may have additional rights under applicable laws, such as the right to lodge a complaint with a data privacy regulator in your country.

Where the processing of your personal data is based on your consent, you can revoke your consent at any time, including the authorisation to your physician to release medical information as described in the Player’s declaration. To do so, you must notify your ADO and your physician(s) of your decision. If you withdraw your consent or object to the personal data processing described in this Notice, your TUE will likely be rejected as ADOs will be unable to properly assess it in accordance with the Code and International Standards.

In rare cases, it may also be necessary for ADOs to continue to process your personal data to fulfil obligations under the Code and the International Standards, despite your objection to such processing or withdrawal of consent (where applicable). This includes processing for investigations or proceedings related to ADRV, as well as processing to establish, exercise or defend against legal claims involving you, WADA and/or an ADO.

## **Safeguards**

All the information contained in a TUE application, including the supporting medical information and records, and any other information related to the evaluation of a TUE request must be handled in accordance with the principles of strict medical confidentiality. Physicians who are members of a TUE Committee and any other experts consulted must be subject to confidentiality agreements.

Under the ISPPPI, ADO staff must also sign confidentiality agreements, and ADOs must implement strong privacy and security measures to protect your personal data. The ISPPPI requires ADOs to apply higher levels of security to TUE information, because of the sensitivity of this information. You can find information about security in ADAMS by consulting the response to [How is your information protected in ADAMS?](https://adams-help.wada-ama.org/hc/en-us/articles/360010175840-How-is-your-information-protected-in-ADAMS-) in our [ADAMS Privacy and Security FAQs](https://adams-help.wada-ama.org/hc/en-us/categories/360001964873-ADAMS-Privacy-and-Security).

## **Retention**

Your personal data will be retained by ADOs (including WADA) for the retention periods described in Annex A of the ISPPPI. TUE certificates or rejection decisions will be retained for 10 years. TUE application forms and supplementary medical information will be retained for 12 months from the expiry of the TUE. Incomplete TUE applications will be retained for 12 months.

## **Contact**

Consult UEFA at privacy@uefa.ch for questions or concerns about the processing of your personal data. To contact WADA, use privacy@wada-ama.org.