



M-8 Application Form Therapeutic Use Exemption

Before taking into consideration this demand the FIVB requires the athlete's medical file.

I apply for approval from FIVB for the therapeutic use of a prohibited substance on the WADA List of Prohibited Substances and Prohibited Methods, and according to the FIVB Medical Regulations that is subject to the Therapeutic Use Exemption Application Process.

1. Athlete Information (please print and complete ALL sections)

Surname: _____ Given Names: _____
Male Female Address: _____
ZIP and City: _____ Country: _____
Date of Birth: _____ Tel. Home: _____
Tel. Work: _____ Mobile: _____
E-mail: _____ Fax: _____
National Fed _____ Position _____
If athlete with disability, indicate disability: _____

2. Notifying medical practitioner

Name, qualifications and medical specialty _____
(for example: Dr. AB Cook, MD FRACP, Gastro-enterologist)
Address: _____ ZIP and City: _____
Tel. Home: _____ Tel. Work: _____
Mobile: _____ E-mail: _____
Fax: _____

3. Medical Information

Diagnosis: _____
Medical examination (s)/test (s) performed: _____

Prohibited Substance (s)	Dose of administration	Route of Administration	Frequency of administr.

Anticipated duration of this medication plan: _____

Additional information: _____



4. Medical practitioner and athlete's declaration

I, _____ certify the above-mentioned substance/s for the above named athlete has been/are to be administered as the correct treatment for the above named medical condition. I further certify that the use of alternative medications not on the Prohibited List would be unsatisfactory for the treatment of the above named medical conditions.

Specify reasons: _____

Signature and stamp of Medical Practitioner: _____

I, _____ certify that the information under 1, is accurate and that I am requesting approval to use a Substance or Method from the WADA List of Prohibited Substances and Prohibited Methods and the FIVB Anti-Doping Regulations. I authorize the release of personal medical information to the Anti-Doping Organization, the FIVB as well as to WADA staff and to the WADA TUEC (Therapeutic Use Exemption Committee), the FIVB Medical Commission as well as the other Anti-Doping Organizations under the provisions of the Code. I understand that if I ever wish to revoke the right of the Anti-Doping Organization, the FIVB as well as to WADA staff and to the WADA TUEC (Therapeutic Use Exemption Committee), the FIVB Medical Commission to obtain my health information on my behalf, I must notify my medical practitioner in writing of that fact.

Signature of the athlete: _____

Date: _____

Parent's/Guardian's Signature: _____

(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).

FIVB approval: _____

Date: _____

FIVB Anti-Doping Officer: _____

Date: _____

FEDERATION INTERNATIONALE DE VOLLEYBALL