

2 TUE Information

Name of body that granted TUE: _____

Date that TUE was granted: _____

Date that TUE expires: _____

Substance(s) that TUE relates to:

Copy of each TUE certificate MUST be attached to this notification form, including term of TUE and any conditions of TUE.

3 Athlete's declaration

I, _____

certify that the information in this notification is accurate and that I have received approval to use a Substance or Method on the WADA Prohibited List from a recognised TUE Committee. I authorise the release of personal medical information to the IIGA as well as to IIGA Court and IIGA Drug Appeal Court and to other Anti-Doping Organisations under the provisions of the WADA Anti-Doping Code, IIGA Executive Committee or to IIGA Medical Commission. I understand that if I ever wish to revoke the right of these organisations to obtain my health information on my behalf, I must notify my medical practitioner and the IIGA and my ADO in writing of the fact.

Athlete's signature: _____

Date: _____

If the athlete is under 18 years of age 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:

Parent's /

Guardian's signature: _____

Date: _____

Incomplete or illegible notification will be returned and will need to be resubmitted.

Please submit the completed form to the IIGA Medical Commission and keep a copy for your records.

This form is to be submitted to:

IIGA Medical Commission - Dr Carl Clinton

Accident and Emergency Jersey General Hospital, Gloucester Street, St Helier, Jersey,
Channel Islands, JE1 3QS