

**DEMANDE D'AUTORISATION D'USAGE  
A DES FINS THERAPEUTIQUES (AUT)  
THERAPEUTIC USE EXEMPTIONS (TUE)**

**ORGANISATION ANTIDOPAGE COMMUNAUTE FRANÇAISE  
AGAJSS - CELLULE ANTIDOPAGE • COMMISSION AUT**

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**Veillez compléter toutes les sections EN MAJUSCULES ou en caractères d'imprimerie.  
Please complete all sections IN CAPITAL LETTERS or typing.**

**RENSEIGNEMENTS SUR LE SPORTIF - ATHLETE INFORMATION**

Nom de famille - Family name		Prénoms - Given names			
Sexe Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Date de naissance Birthday	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Adresse Address	Rue Street/Numéro Number		Ville city	Code postal Post code	
Tél. contact (incl. code pays) - Contact tel (incl. country code)			Courriel - Email		
Discipline - Sport					

Organisation sportive internationale ou nationale - International or national sport organisation

Lorsque l'athlète présente un handicap, veuillez préciser lequel - If athlete with disability, indicate disability

**RENSEIGNEMENTS MEDICAUX - MEDICAL INFORMATION**

Diagnostic - Diagnosis

Le justificatif confirmant le diagnostic doit être joint à la présente demande et doit être envoyé simultanément. Le justificatif doit contenir un historique médical détaillé ainsi que les résultats de tous les examens médicaux pertinents, analyses de laboratoire et examens d'imagerie médicale. Vous joindrez, dans la mesure du possible, les copies des rapports ou courriers originaux de sorte que la preuve soit la plus objective possible dans des conditions cliniques.

*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.*

Si des médicaments autorisés peuvent également être utilisés pour traiter l'affection, veuillez fournir un justificatif clinique pour l'utilisation de médicaments interdits.

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





**ATHLETE'S DECLARATION**

I, ..... certify that the athlete information is accurate and that I am requesting approval to use a substance or method from the WADA prohibited list. I understand that my information will only be used for the assessment of my TUE request and in the context of inquiries and procedures relating to any violation of the anti-doping rules. The information I send to the Therapeutic Use Exemptions Committee (TUEC) will be processed pursuant to the Anti-Doping Order of 20 October 2011 issued by the French Community, in particular Article 8, and its executory decision of 8 December 2011. This information will be processed in strict observance of the Act of 8 December 1992 concerning the protection of privacy with regard to the processing of personal information. This data will only be processed by health professionals, whom are all subject to professional confidentiality. If necessary and after de-personalisation, this information may be transmitted to medical or scientific experts for advice in application of Article 8 §4 of the Order mentioned above. I have the right to access and correct all my personal information.

I have been informed of and I authorize the release of personal medical information to the Anti-Doping Organisation (ADO) as well as to WADA staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO under the provisions of the Code\*.

I understand that if I wish to (1) obtain more information about the use of my information; (2) exercise my right of access and correction or (3) revoke the right of these organisations to obtain my health information, I must notify my medical practitioner and my ADO in writing of this fact. I understand and agree that it may be necessary that TUE-related information submitted prior to revoking my consent will be retained for the sole purpose of establishing any violation of the anti-doping rules, where this is required by the Code.

Date 

D		M		Y			

Athlete'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.

Date 

D		M		Y			

Number of attachments 

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Parent's/guardian's signature

**This document needs to be sent back to us by registered mail or by email with an advanced electronic signature at the latest 30 days before the described sportsevent.**