



1. Athlete Information

Surname:..... Given Names:

Female Male Date of Birth(d/m/y).....

Address:

City:..... Country:..... Postcode:.....

Tel.:..... E-mail:.....
(with international code)

Sport: Discipline/Position:

International or National Sport Organization:

Please mark the appropriate box:

- I am part of an International Federation Registered Testing Pool
- I am part of a National Anti-Doping Organization Testing Pool
- I am participating in an International Federation event for which a TUE granted pursuant to the International Federation's rules is required (1) - Name of the competition:.....
- None of the above

If athlete with disability, include disability:.....

(1) Refer to your International Federation for the list of designated events.

2. Medical Information

Diagnosis with sufficient medical information (see note 1)

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.....

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

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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 authorise the release of personal medical information to the Ant-Doping Organisation (ADO) as well as to WADA staff, to the WADA TUEC (Therapeutic use Exemptions Committee) and to other ADO under the provisions of the code. 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 my ADO 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

<i>Note 1</i>	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 and letters should be included when possible. Evidence should be as objective as possible in the clinical circumstances and in the case of the non-demonstrable conditions independent supporting medical opinion will assist this application
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Incomplete Applications will be returned and will need to be resubmitted.

Please submit the completed form (keeping a copy for your records) to

**Gary Smith, Chief Executive
World Bowls
Sportscotland
Caledonia House, 1 Redheughs Rigg, South Gyle
Edinburgh EH12 9DQ
Scotland**

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