



Fédération Internationale de Volleyball

Therapeutic Use Exemption (TUE) Application Form

Please complete all sections in capital letters or typing. Athlete to complete sections 1, 2, 3 and 7; Physician to complete sections 4, 5 and 6. Illegible or incomplete applications will be returned and will need to be re-submitted in legible and complete form.

1. Athlete Information

Last Name: _____ First Name(s): _____

Female Male

Date of Birth: _____
(dd/mm/yyyy)

Address: _____

City: _____ Country: _____

Postcode: _____ Telephone: _____

E-mail: _____

Discipline: Volleyball Beach Volleyball Snow Volleyball

2. Previous Applications

Have you submitted any previous TUE application(s) to any Anti-Doping Organization for the same condition?

Yes No

For which substance(s) or method(s)? _____

To whom? _____ When? _____

Decision: Approved Not approved

3. Retroactive Applications

Is this a retroactive application?

Yes No

If yes, on what date was the treatment started? _____

Do any of the following exceptions apply? (Article 4.1 of the ISTUE):

- 4.1 (a)** - You required emergency or urgent treatment of a medical condition.
- 4.1 (b)** - There was insufficient time, opportunity or other exceptional circumstances that prevented you from submitting the TUE application, or having it evaluated, before getting tested.
- 4.1 (c)** - You were not permitted or required to apply in advance for a TUE as per the **FIVB Medical and Anti-Doping Regulations**.
- 4.1 (d)** - You are a lower-level athlete who is not under the jurisdiction of an International Federation or National Anti-Doping Organization and were tested.
- 4.1 (e)** - You tested positive after using a substance Out-of-Competition that was only prohibited In-Competition, e.g., S9 glucocorticoids (See [Prohibited List](#))

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.

Physician to complete sections 4, 5 and 6.

4. Medical Information (please attach relevant medical documentation)

Diagnosis (Please use the latest WHO ICD classification if possible):

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5. Medication Details

Prohibited Substance(s)/Method(s) <u>Generic name(s)</u>	Dosage	Route of Administration	Frequency	Duration of Treatment

Evidence confirming the diagnosis must be attached and forwarded with this application. The medical information must 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. In addition, a short summary that includes the diagnosis, key elements of the clinical exams, medical tests and the treatment plan would be helpful.

If a permitted medication can be used to treat the medical condition, please provide justification for the therapeutic use exemption for the prohibited medication.

WADA maintains a series of TUE Checklists to assist athletes and physicians in the preparation of complete and thorough TUE applications. These can be accessed by entering the search term "Checklist" on the WADA website: <https://www.wada-ama.org>.

6. Medical Practitioner's Declaration

I certify that the information in sections 4 and 5 above is accurate. I acknowledge and agree that my personal information 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 information will be uploaded to the Anti-Doping Administration and Management System (ADAMS) for these purposes (see [Privacy Policy | volleyballworld.com](#) and the [ADAMS Privacy and Security](#) for more details).

Name: _____

Medical specialty: _____

License number: _____ License body: _____

Address: _____

City: _____ Country: _____

Postcode: _____

Telephone: _____ Fax: _____
(with International code)

E-mail: _____

Signature of Medical Practitioner: _____ Date: _____
(dd/mm/yyyy)

7. Athlete's Declaration

I, _____, certify that the information set out at sections 1, 2, 3 and 7 is accurate and complete.

I authorize 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 Organization(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 authorize the FIVB 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 information will be processed in connection with my TUE application, and I accept its terms.

Athlete's signature: _____

Date: _____
(dd/mm/yyyy)

Parent's/Guardian's signature: _____

Date: _____
(dd/mm/yyyy)

(If the Athlete is a Minor or has an impairment preventing them from signing this form, a parent or guardian shall sign on behalf of the Athlete)

TUE Privacy Notice

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

TYPES OF PERSONAL INFORMATION (PI)

- 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 PI 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 PI, 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 recognize 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 authorized staff;
- Members of the TUE Committees (TUECs) of each relevant ADO and WADA; and
- Other independent medical, scientific or legal experts, if given express consent or the transmission is necessary for the performance of a contract or according to our legitimate interest.

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 PI in accordance with the International Standard for the Protection of Privacy and Personal Information (ISPPPI). You may also consult the FIVB to obtain more details about the processing of the respective PI. Please also refer to “FIVB Athlete’s information on the processing of personal information under the WADA Code and the FIVB Medical and Anti-Doping Regulations”, available under ([Anti-Doping Program \(fivb.com\)](https://www.fivb.com/anti-doping-program)) and our general privacy policy, available under [Privacy Policy | volleyballworld.com](https://www.volleyballworld.com/privacy-policy).

The PI will also be uploaded to ADAMS by the ADO who receives the respective application 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 PI, consult the ADAMS Privacy and Security ([ADAMS Privacy and Security](#)).

FAIR & LAWFUL PROCESSING

We only process PI if it is permitted under the GDPR or other applicable data protection law. In this context, the processing described above is based in particular on the following legal bases:

- When you sign the Athlete Declaration, you are confirming that you have read and understood this TUE Privacy Notice. Where appropriate and permitted by applicable law, FIVB and other parties mentioned above may also consider that this signature confirms your express consent to the PI processing described in this Notice (according to Article 6 paragraph 1 (a) GDPR or Article 9 paragraph 2 (a) GDPR (for health data)).
- Alternatively, FIVB and these other parties may rely upon other grounds recognized in law to process your PI for the purposes described in this Notice, such as the important public interests served by anti-doping (according to [Article 6 paragraph 1 \(e\) GDPR](#)), the need to fulfill contractual obligations owed to you (according to [Article 6 paragraph 1 \(b\) GDPR](#)), the need to ensure compliance with a legal obligation to which FIVB is subject (according to [Article 6 paragraph 1 \(c\) GDPR](#)), the need to establish, exercise or defend legal claims (according to Article 9 paragraph 2 (f) GDPR (for health data). or the need to fulfill overriding, legitimate interests associated with their activities (according to [Article 6 paragraph 1\(f\) GDPR](#)).
- Furthermore, we may process PI if the processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services (according to [Article 9 paragraph 2 \(h\) GDPR](#) in connection with [Article 9 paragraph 3 GDPR](#) (for health data)).

RIGHTS

You have rights with respect to your PI under the ISPPPI, including the right to a copy of your PI and to have your PI corrected, blocked or deleted in certain circumstances. For information about your rights in connection with our data processing in accordance with the GDPR, in particular such as the right to lodge a complaint with the competent data privacy regulator, please refer to our general privacy policy, available under [Privacy Policy | volleyballworld.com](#).

Where the processing of your PI is based on your consent, you can revoke your consent at any time, including the authorization to your physician to release medical information as described in the Athlete 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 PI 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 PI to fulfill obligations (also stated 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 PI. 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?](#) in our [ADAMS Privacy and Security FAQs](#).

RETENTION

We process and store PI only for the period necessary to achieve the purpose of processing and storage, or as far as this is granted by the European legislator or other legislators in laws or regulations to which FIVB is subject to.

Your PI 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 the FIVB at legal@fivb.com for questions or concerns about the processing of your PI. To contact WADA, use privacy@wada-ama.org.

Please submit the completed form to the Fédération Internationale de Volleyball by sending it to medical@fivb.com. Alternatively please do not hesitate to send us a password protected document and always keep a copy for your records.