

DECLARATIVE PROCEDURE FOR THERAPEUTIC USE EXEMPTIONS (TUE)

IDENTIFICATION

Name :

1st name :

Date of birth:

File number:

***Reminder:** Athletes, like everybody else, can fall ill or present conditions which require the use of certain medications. It can happen that although a substance to which an athlete must resort to for the treatment their condition is registered on the Prohibited List (available at <http://www.wada-ama.org/en/World-Anti-Doping-Program/Sports-and-Anti-Doping-Organizations/International-Standards/Prohibited-List/>), a therapeutic use exemption (TUE) can enable them to take the necessary medication.*

In accordance the regulations to which you agreed upon your registration, you must therefore pass on to the Organisation all the information relative a Therapeutic Use Exemption (TUE) demand and pass on any modified information about this before the Start of your event (in which case you will again have to download this document, print it, to fill it in and to send it back to us by email, fax or Post). It is imperative that this information is given before the start of the race.

Yes

No

If yes, please fill out the following table which is identical to your TUE medical file

Speciality name and common international name (active substance)	Date of the start of the treatment and planned duration	Dosage	How taken	How often taken
1.				
2.				
3.				
4.				

In the case of your TUE medical file being related to an asthmatic pathology, please give the following details as featured in your TUE medical file

Does your TUE medical file include Respiratory Function Test (RFT)?

Yes

No

Does your TUE medical file include the demonstration of bronchial hyperactivity by a Bronchial Provocation Test with a metacholine/histamine test or a bronchial provocation effort test?

Yes

No

Please return this form to :

M. Le Président du Conseil Médical
Ultra-Trail du Mont-Blanc
36 Avenue du Savoy
74400 Chamonix Mont-Blanc
France