

**Federation Internationale de Bobsleigh et de Tobogganing**

**Therapeutic Use Exemptions  
Abbreviated Process**

**(To be used for beta-2 agonists by inhalation,  
glucocorticosteroids by non-systemic routes)**

*I apply for approval from the FIBT Medical Committee for the therapeutic use of a prohibited substance on the WADA List of Prohibited Substances and Prohibited Methods that is subject to the Abbreviated Therapeutic Use Exemption Application Process.*

Please complete all sections

**1. Athlete Information**

Surname: ..... Given Names: .....

Female  Male  (tick appropriate box)

Address: .....

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

Date of Birth (d/m/y): .....

Tel. Work: ..... Tel. Home : ..... Mobile: .....

E-mail: ..... Fax: .....

Sport: ..... Discipline/Position: .....

National Sporting Organization: .....

If athlete with disability, indicate disability: .....

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### 2. Notifying medical practitioner

Name, qualifications and medical speciality (see note 1): .....

.....

Address: .....

..... E-mail address: .....

Tel. Work: ..... Tel. Home: .....

Mobile: ..... Fax: .....

### 3. Medical information

Diagnosis: .....

Medical examination(s)/test(s) performed: .....

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Prohibited substance(s):	Dose of administration	Route of administration	Frequency of administration
<b>Anticipated duration of this medication plan</b>			

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**Additional information**

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**4. Medical practitioner's and athlete's declaration**

I, ..... (print name) certify the above-mentioned substance/s for the above named athlete has been/are to be administered as the correct treatment for the above named medical condition. I further certify that the use of alternative medications not on the Prohibited List would be unsatisfactory for the treatment of the above named medical condition. Specify reasons:

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**Signature of Medical Practitioner:** ..... **Date:** .....

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