

# Abbreviated Therapeutic Use Exemptions ATUE

Please complete all sections in capital letters or typing

beta-2 agonists by inhalation <input type="checkbox"/>	glucocorticosteroids by <input type="checkbox"/> non-systemic routes *
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\* All routes other than orally, rectally, intravenously and intramuscularly.  
Dermatological glucocorticosteroids do not require any TUE

## 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 Sporting Organization: .....

## 2. Medical information

Diagnosis: .....

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**N.B. Any ATUE may be reviewed at any time, by the ADO and/or WADA**

