

## Medication Notification

Poseidon Swimming Club takes doping seriously and has endorsed these procedures for its members to follow:

Conditions which may require notifiable medication Medical Condition Required treatment

Diabetes - Insulin injections  
Growth disorders - Growth Hormone  
Hormone deficient conditions of the pituitary gland or adrenal gland - Steroid treatment  
Orthopaedic conditions - Intra articular steroid injections  
Juvenile arthritis - Prednisolone  
Behaviour problems - Ritalin  
Renal failure - Erythropoetin

Notification must also be given on any other medical conditions requiring the permanent use of a banned substance where there is no other substitute.

Members can view the current list of banned substances here: <https://www.wada-ama.org/en/content/what-is-prohibited>

FINA / WADA and the IOC ban some asthma medications because they contain anabolic agents and/or stimulants and they require that all swimmers declare any asthma medication that they are taking. There are certain medications which are acceptable for controlling asthma and it is important therefore that a swimmer is taking an approved medication and that they are using this for a legitimate purpose.

In order to ensure that our information is current, ***the swimmer is required to complete a form each year*** and the Poseidon Swimming Club secretary holds a supply of forms for any swimmers who may need to complete this information.

***Swimmers should be aware that they must complete a new form if there is any change, at any time, in their medication.***

### MEDICATION

It is important that all swimmers who compete in competitions are aware of the requirements and if they are taking medication for asthma understand the importance of completing the form. This is a responsibility that which falls to individual parents for swimmers aged 17 years and under. - Ignorance is no defence against a positive doping test.

If you have any queries regarding doping, please contact the Director of Swimming or:

ADAK Offices at Parklands Plaza  
Chiromo Road, Westlands, Nairobi  
+254722269584 | +254733837385  
[info@adak.or.ke](mailto:info@adak.or.ke)

## Medication Notification

### Therapeutic Use Exemptions (TUE) Application Form

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

#### 1. Athlete Information

Surname: _____ Given Names: _____	
Female <input type="checkbox"/>	Male <input type="checkbox"/> Date of Birth (d/m/y): _____
Address: _____	
City: _____	Country: _____
Postcode: _____	
Tel.: _____ Email: _____	
<i>(with International code)</i>	
Sport: _____	Discipline/Position: _____
International or National Sport Organization: _____	
If you are an Athlete with an impairment, please indicate the impairment: _____	
_____	
_____	

#### 2. Medical Information *(continue on separate sheet if necessary)*

Diagnosis: _____
_____
If a permitted medication can be used to treat the medical condition, please provide clinical justification for the requested use of the prohibited medication: _____
_____
_____

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**Comment:** Evidence confirming the diagnosis shall 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. Evidence should be as objective as possible in the clinical circumstances. In the case of non-demonstrable conditions, independent supporting medical opinion will assist this application.

WADA maintains a series of guidelines to assist physicians in the preparation of complete and thorough TUE applications. These TUE Physician Guidelines can be accessed by entering the search term "Medical Information" on the WADA website: <https://www.wada-ama.org>. The guidelines address the diagnosis and treatment of a number of medical conditions commonly affecting athletes, and requiring treatment with prohibited substances.

### 3. Medication Details

Prohibited Substance(s): <u>Generic name</u>	Dose	Route of Administration	Frequency	Duration of Treatment
1.				
2.				
3.				

### 4. Medical Practitioner's Declaration

**I certify that the information at sections 2 and 3 above is accurate, and that the above-mentioned treatment is medically appropriate.**

Name: \_\_\_\_\_

Medical specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Tel.: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature of Medical Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

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### 5. Retroactive applications

<p><b>Is this a retroactive application?</b></p> <p><b>Yes:</b> <input type="checkbox"/></p> <p><b>No:</b> <input type="checkbox"/></p> <p>If yes, on what date was treatment started?</p> <hr/> <hr/>	<p><b>Please choose one:</b></p> <p><input type="checkbox"/> Emergency treatment or treatment of an acute medical condition was necessary</p> <p><input type="checkbox"/> Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection</p> <p><input type="checkbox"/> Advance application not required under applicable rules</p> <p><input type="checkbox"/> Fairness (WADA and [IF/NADO] approval required)</p> <p>Please explain:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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### 6. Previous applications

<p><b>Have you submitted any previous TUE application(s) to any ADO?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>For which substance or method?</p> <hr/>
<p>To whom? _____ When?</p> <hr/>
<p>Decision: Approved <input type="checkbox"/> Not approved <input type="checkbox"/></p>

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### 7. Athlete's declaration

I, \_\_\_\_\_, certify that the information set out at sections 1, 5 and 6 is accurate. I authorize the release of personal medical information to the relevant Anti-Doping Organization (ADO) as well as to WADA authorized staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO TUECs and authorized staff that may have a right to this information under the World Anti-Doping Code ("*Code*") and/or the International Standard for Therapeutic Use Exemptions. These people are subject to a professional or contractual confidentiality obligation.

I consent to my physician(s) releasing to the above persons any health information that they deem necessary in order to consider and determine my application.

I understand that my information will only be used for evaluating my TUE request and in the context of potential anti-doping rule violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my health information; (2) exercise any rights I may have, such as my right of access, rectification, restriction, opposition, or deletion; or (3) revoke the right of these organizations to obtain my health information, I must notify my medical practitioner and my ADO in writing of that fact. I understand and agree that it may be necessary for TUE-related information submitted prior to revoking my consent to be retained for the purpose of investigations or proceedings related to a possible anti-doping rule violation, where this is required by the *Code*, *International Standards*, or national anti-doping laws; or to establish, exercise or defend a legal claim involving me, WADA, and/or an ADO.

I consent to the decision on this application being made available to all ADOs, or other organizations, with Testing authority and/or results management authority over me.

I understand and accept that the recipients of my information and of the decision on this application may be located outside the country where I reside. In some of these countries data protection and privacy laws may not be equivalent to those in my country of residence. I understand that my information may be stored in ADAMS, which is hosted by WADA on servers based in Canada, and will be retained for the duration as indicated in the WADA International Standard for the Protection of Privacy and Personal Information (ISPPPI).

I understand that if I believe that my Personal Information is not used in conformity with this consent and the ISPPPI, I can file a complaint to WADA ([privacy@wada-ama.org](mailto:privacy@wada-ama.org)), or my national regulator responsible for data protection in my country.

I understand that the entities mentioned above may rely on and be subject to national anti-doping laws that override my consent or other applicable laws that may require information to be disclosed to local courts, law enforcement, or other public authorities. I can obtain more information on national anti-doping laws from my International Federation or National Anti-Doping Agency.

**Athlete's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's/Guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Please submit the completed form to Poseidon Swimming Club Secretary.