



Checklist for Therapeutic Use Exemption (TUE) Application

Asthma

Prohibited Substances: Beta-2-agonists, Glucocorticoids

This Checklist is to guide the athlete and their physician on the requirements for a TUE application that will allow the TUE Committee to assess whether the relevant [International Standard for Therapeutic Exemptions \(ISTUE\)](#) criteria are met.

Please note that the completed TUE application form alone is not sufficient; supporting documents **MUST** be provided. *A completed application and checklist DO NOT guarantee the granting of a TUE.* Conversely, in some situations a legitimate application may not include every element on the checklist.

<input type="checkbox"/>	TUE Application form must include:
<input type="checkbox"/>	All sections completed in legible handwriting
<input type="checkbox"/>	All information submitted in [language(s) as per ADO preferences]
<input type="checkbox"/>	A signature from the applying physician
<input type="checkbox"/>	The Athlete's signature
<input type="checkbox"/>	Medical report should include details of:
<input type="checkbox"/>	Medical history: symptoms of airway obstruction, provocative stimuli, aggravating factors, exacerbations, age at onset, course of disease under treatment (specify)
<input type="checkbox"/>	Findings on examination: airflow obstruction at rest, exclusion of differential diagnoses
<input type="checkbox"/>	Summary of diagnostic test results: spirometry, if spirometry normal, include reversibility test, if both normal, include provocation test
<input type="checkbox"/>	Interpretation of symptoms, signs and test results by respiratory physician
<input type="checkbox"/>	Beta-2-agonists (except for salbutamol, salmeterol, formoterol, vilanterol by inhalation and in therapeutic doses, all are prohibited at all times) and/or glucocorticoids (only prohibited in-competition and when given systemically) prescribed including dosage, frequency and administration route
<input type="checkbox"/>	Response to treatment with previous/current medication
<input type="checkbox"/>	Diagnostic test results should include copies of:
<input type="checkbox"/>	Spirometry report with flow curve
<input type="checkbox"/>	Spirometry report with flow curve after bronchodilator administration (reversibility test) if above spirometry shows normal findings
<input type="checkbox"/>	Documentation (including spirometry report with flow curve) of a recognized provocation test if both spirometries above show normal findings
<input type="checkbox"/>	Additional information (if necessary)
<input type="checkbox"/>	Peak flow log, allergy test results, previous spirometry and provocation tests results