



Prohibited Substances: Epinephrine, glucocorticoids and inhaled beta-2 agonists

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 an acceptable application may not include every element on the checklist.

<input type="checkbox"/>	TUE Application form must include:	
	<input type="checkbox"/>	All sections completed legibly
	<input type="checkbox"/>	All information submitted in English as per Sport Integrity Commission's requirements
	<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: 1. Onset, timeline of development of symptoms 2. Trigger mechanism (e.g., allergen, observation) if known 3. Comment on respiratory compromise, collapse, skin/mucosal reaction, gastrointestinal symptoms
	<input type="checkbox"/>	Physical examination (may be from emergency department - blood pressure, respiratory rate, skin/mucosal reaction)
	<input type="checkbox"/>	Treatment prescribed; time and date, dosage, frequency, administration route for each substance: a) Acute management (epinephrine/adrenaline and systemic glucocorticoids are prohibited in competition: nebulized beta-2-agonists are prohibited at all times; IV fluids (containing non-prohibited substances) are prohibited unless treatment is received in hospital) b) Maintenance/prevention: epinephrine autoinjector (prohibited in competition only)
<input type="checkbox"/>	Diagnostic test/scale results should include copies of:	
	<input type="checkbox"/>	Ambulance or emergency department/hospital records - where available
	<input type="checkbox"/>	Laboratory tests (e.g., tryptase levels) - not always performed and not mandatory
	<input type="checkbox"/>	Photographic evidence of skin reaction if relevant and available
	<input type="checkbox"/>	Skin prick test or other allergy testing

<input type="checkbox"/>	Additional information (if necessary)	
	<input type="checkbox"/>	[As per ADO specifications]