

ANNEX 1

SAMPLE LETTER FROM PHYSICIAN

Re: [Athlete's Name]

DOB:

Application for Therapeutic Use Exemption

Reason for Application: [Condition]

History:

[Athlete] was diagnosed with [condition] on [date]. A [specialist] has followed [the athlete] regularly since that time. In the past, the athlete demonstrated [symptoms] however, the athlete's condition has been stabilized with [medication]. [Alternate medication name] was trialed by the athlete, but was not successful at treating the condition.

Treatment using [alternative medication] may be equally effective in the treatment of [condition] and is not prohibited in competition. Unfortunately, there are more severe potential medication interactions between this medication and the athlete's currently prescribed medication.

[Athlete's] medical condition was evaluated within the last year. The athlete was specifically seen last on [date of last appointment]. His/her treatment plan has been followed closely since being prescribed this medication.

I have asked [athlete] to have the [specialist] provide a letter to confirm the above. Please do not hesitate to contact me if you require further information regarding [athlete's] condition.

Sincerely,
[Physician's name]

Disclaimer: *The above sample letter is to be used as a guide or example, and must be adjusted to suit the athlete's particular circumstances.*