

REGISTRATION OF PRESCRIBED PROHIBITED MEDICATION

1. Read, sign and date the declaration below
2. Complete sections 1-3
3. Scan and email to ebutcher@cleanathletics.org.uk or post to the address on the reverse (please include a sae)
4. The registration will be processed, the final section completed and the confirmation of registration returned for your records

I wish to register my medication as prescribed by my GP. I understand that this is **not a full Therapeutic Use Exemption (TUE)** and should I become a national or international level athlete will need to follow the TUE process which can be viewed at www.britishathletics.org.uk/cleanathletics

I understand that if I am tested I must declare any prescription/non-prescription medication or supplements taken within the previous 7 days on the Doping Control form at the time of the test and must immediately contact the Clean Athletics department at UKA for guidance on how to proceed with the retroactive TUE application on enquiries@cleanathletics.org.uk

SIGNATURE _____ DATE _____

SIGNATURE OF PARENT / GUARDIAN IF ATHLETE IS UNDER 18 YEARS OLD _____

Section 1	
ATHLETE'S NAME	_____
ADDRESS	_____ _____ _____
EMAIL	_____ DATE OF BIRTH _____
PRESCRIBING GP'S NAME	_____
GP'S ADDRESS	_____ _____

Section 2	
MEDICATION	EXPECTED DURATION
_____	_____
_____	_____
_____	_____
_____	_____

Data Protection

UKA will process the data provided by you in this form for the sole purpose of the proper administration of its Clean Athletics programme. UKA will process the data in accordance with the Data Protection Act (1998) and in so doing UKA may pass your information (including information relating to personal medical information) to the IAAF, WADA, UK Anti-Doping and other organisations or individuals involved in the administration of the doping control process or concerned with the results of that process.

**CONFIRMATION OF
REGISTRATION**

Section 3

ATHLETE'S NAME _____

ADDRESS _____

MEDICATION(S) _____

Please return this form to:

Clean Athletics
UKA
Athletics House
Alexander Stadium
Walsall Road, Perry Barr
Birmingham, B42 2BE

Please enclose a stamped addressed envelope

FOR OFFICIAL USE ONLY:
I hereby acknowledge registration of the above athlete's use of:

_____ from _____

until _____ *please re-register your medication if it is still prescribed beyond this date.*

SIGNED _____ NAME _____

DATE _____ REFERENCE NO. _____

This is not a full Therapeutic Use Exemption (TUE). A full TUE is only required for athletes who are considered as National or International level. **Athletes outside of these parameters can make a retroactive TUE application and should contact the UKA Clean Athletics department immediately on enquiries@cleanathletics.org.uk following a drugs test, for guidance on how to proceed with the retroactive TUE application.**