



Before completing this form, please visit the ASADA website at www.asada.gov.au and go to “check your substance”.

REGISTRANT INFORMATION (Please print clearly)		
Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs	Surname:	Given Name(s):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (dd/mm/yyyy)	
Address:		
Suburb:	State:	Postcode:
Phone (Hm):	Mobile:	
Email:		
Sport:		

REGISTRANT DECLARATION
<p>I, _____ declare that the following information is true and correct and that I am applying to the Combat Sports Commission to provide me with approval to use a substance that is prohibited by the rules of my sport. I consent to personal information relating to me be disclosed to and used by relevant persons, bodies or agencies as appropriate for the consideration of this application and the implementation, coordination, administration, monitoring and the enforcement of the therapeutic use exemptions under the relevant national and international anti-doping programs of my sport.</p>
<p>Contestants signature: _____ Date: / /</p>

NOTIFYING MEDICAL PRACTITIONER		
Surname:	Given Name(s):	
Address:		
Suburb:	State:	Postcode:
Phone(wk):	Mobile:	
Email:		

Practice stamp required:

OFFICE USE ONLY

Date received:	Application complete: <input type="checkbox"/> Y <input type="checkbox"/> N	Application approved: <input type="checkbox"/> Y <input type="checkbox"/> N
If application is incomplete – Date returned:		



MEDICATION / TREATMENT DETAILS

Medication / Treatment	Prohibited substance(s)	Dose and frequency	Route of administration	Duration

DIAGNOSIS WITH MEDICAL INFORMATION

Evidence confirming the applicant’s diagnosis (in the form of a typed letter) **MUST BE ATTACHED** to this application.

The medical evidence should include:

- Clinical history and the results of all examinations,
- Imaging studies and specialist medical reports
- Investigations,

Copies of the original reports or letters should be included when possible. Evidence should be as objective as possible in the clinical circumstances and in the case of non-demonstrable conditions, independent supporting medical opinion will assist this application.

If a permitted substance or method is available to treat the medical condition, provide clinical justification for the requested use of the prohibited substance or method:

Full details of all medical treatments that have been trialled:

Additional comments:

MEDICAL PRACTITIONERS DECLARATION

I, _____ declare the abovementioned information for the above named Contestant is the medically appropriate treatment for the above named medical condition. I further certify that the use of alternative medications not on the WADA Prohibited list would be unsatisfactory for the treatment of the above medical condition.

Signature of the medical practitioner: _____ Date: ___/___/___

Executive Officer,
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