

**Dominion of Canada Rifle Association
Application for Therapeutic Use Exemption
(TUE)**

(Please complete all sections in CAPITALS or TYPING)

**Not required for Beta-2 Agonists by Inhalation (“Puffers”) or
Topical Steroid use (Steroid creams and ointments)**

Competitor Personal Information:

Surname _____ Given names _____

Date of Birth _____ Nationality _____

Address _____

City _____ Country _____ Postal Code _____

Telephone _____ E-mail _____

Competitor Medical Information: (OPTIONAL)

Diagnosis _____ (OPTIONAL)

Medication Details (REQUIRED) (Use reverse of form if required)

Prohibited Substance(s) Generic name	Dose	Route	Frequency
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1

2

3

Intended Duration Of Treatment	Once only	Long-term	Emergency Use only
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(Please Circle)

Medical Practitioner’s Declaration

I certify that the above mentioned treatment is appropriate and carried out under my supervision.

Name _____ Specialty _____

Address _____

Signature of Medical Practitioner _____ Date _____