

**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 \_\_\_\_\_