



OLIMPIJSKI KOMITE SLOVENIJE
ZDRUŽENJE ŠPORTNIH ZVEZ
- Oddelek za boj proti dopingu -
Celovška 25,
1000 LJUBLJANA, SLOVENIJA
Tel.: +386 1 230 60 10
antidoping@olympic.si
<http://www.olympic.si>

Številka primera: ____ / ____

Izpolni NAK
To be filled in by NAK

IZJEME PRI UPORABI V ZDRAVSTVENE NAMENE

1. Osebni podatki/ *Athlete Information*

Priimek:.....

Surname:

Ime:.....

Given names:

Ženski/*Female*

Moški/*Male*

Naslov (ulica):.....

Address:

Mesto:..... **Poštna št.:** _ _ _ _ **Država:**.....

City:

Postcode:

Country:

Rojstni datum(dd/mm/IIII)/ *Date of birth (dd/mm/yy):* ____/____/____

T-služba/T-work: ____/____/____ **T-doma/T-home:** ____/____/____

E:..... **Fax:** ____/____/____

Šport/Sport:..... **Disciplina/Discipline:**.....

Nacionalna panožna zveza:.....

National Sporting organisation:

Če je športnik invalid, definirati invalidnost:.....

If athlete with disability, indicate disability

2. Zdravstveni podatki/ *Medical Information*

Diagnoza (tiskano)/ *Diagnosis (printed):*

.....
.....
.....

Pregled in testiranja/ *Medical examination and test(s) performed:*

.....
.....
.....

3 Podrobnosti o terapiji/ *Medication details*

Ime zdravila z liste/ <i>Prohibited substance</i>	Doza/ <i>Doze of administration</i>	Vrsta aplikacije/ <i>Role of application</i>	Število aplikacij/ <i>Frequency of application</i>
1			
2			
3			
Predvideno trajanje terapije / <i>Anticipated duration of this medication plan</i>	Nujno/ <i>Emergency</i> <input type="checkbox"/>	Enkratno/ <i>Once</i> <input type="checkbox"/>	Trajanje/ <i>Duration</i> <input type="checkbox"/>

Ali ste že kdaj prej vložili dokumentacijo za terapevtsko izjemo?

Have you submitted any previous TUE application: **Da/yes** **Ne/no**

Za katero snov? /For which substance?

.....

Komu? /To whom? *Kdaj? /When? ___/___/___*

Odločitev /Decision: **Odobreno/Approved** **Zavrjneno/Not approved**

4. Izjava zdravnika in športnika/ *Medical practitioner's and athlete's declaration*

Podpisani

izjavljam, da so zgoraj imenovana zdravila, predpisana imenovanemu športniku, nujna za opisano medicinsko stanje. Nadalje izjavljam, da bi bila uporaba alternativnega zdravila, ki ni na Listi prepovedanih snovi in metod, za opisano medicinsko stanje neustrezno. Obrazloži razlog!

.....
.....

I certify the above-mentioned substance/s for the above named athlete has been/are to be administrated as the correct treatment for the above named medical condition. I further certify that the use of alternative medications not on the Prohibited List would be unsatisfactory for the treatment of the above named medical condition, Specify reasons!

Podpis zdravnika:..... **Datum/Date:** __/__/____

Signature of medical practioner:

Podpisani

izjavljam, da so vsi podatki pod točko 1. tega dokumenta točni in da prosim za izjemo pri uporabi v zdravstvene namene snovi oziroma metode z Liste prepovedanih snovi oziroma metod (WADA). Pooblaščam lečečega zdravnika, da posreduje medicinsko dokumentacijo v zvezi z izjemami pri uporabi v zdravstvene namene Nacionalni antidoping komisiji, oziroma Komisiji za zdravstveno varstvo športnikov po pravilih Protidopinškega Kodeksa. Razumem, da v vsakem primeru, ko želim preklicati dovoljenje o razpolaganju z delom moje medicinske dokumentacije, to naredim pisмено z izjavo osebnemu zdravniku.

I certify that the information under 1. is accurate and that I am requesting approval to use a Substance or Method from the WADA Prohibited List. I authorize the release of personal medical information to Anti-Doping Organization as well as to WADA staff and to the WADA TUEC (Therapeutic Use Exemption Committee) as well as other Anti-Doping Organizations under the provisions of the Code. I understand that if I ever wish to revoke the right of the Anti-Doping Organization TUEC or WADA to obtain my health information on my behalf, I must notify my medical practitioner in writing of the fact

Podpis športnika:..... **Datum/Date:** __/__/____

Signature of Athlete:

Podpis športnikovih staršev oziroma skrbnikov, če je oseba mladoletna, oziroma ima telesne okvare, ki mu onemogočajo podpis:

..... **Datum/Date:** __/__/____

Parents or guardians signature – if the athlete ia a minor or has a disability preventing him/her to sign the form, a parent or guardian shall sign together or on behalf of the athlete

5. Opomba/Note:

Opomba 1/Note 1	Diagnoza/Diagnosis <i>Dokaz, ki potrjuje diagnozo mora biti priloga v dokumentaciji. Dokumentacija mora vsebovati podatke o zgodovini bolezni, rezultate vseh relevantnih diagnostičnih pregledov, laboratorijskih in slikovnih rezultatov. Če je le mogoče naj bodo v vlogi kopije originalnih dokumentov. Dokazi naj bodo kar se da objektivni glede na klinično stanje.</i> <i>Evidence confirming the diagnosis must be attached and forwarded with this application. The medical evidence should include a comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies. 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.</i>
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Nepopolne vloge bodo vrnjene z zahtevo po dopolnitvi!

Popolno vlogo oddajte na NAK – Oddelek za boj proti dopingu (naslov v glavi dokumenta), pri sebi hranite kopijo vloge.

Incomplete Applications will be returned and will need to be resubmitted. Please submit the completed form to the Anti-Doping Organization and keep a copy of completed form for your records.

Št. dokumenta : 315-10-12/10