



NATIONAL RIFLE ASSOCIATION OF NEW ZEALAND INC.

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International Confederation of Fullbore Rifle Associations Application for Therapeutic Use Exemption (TUE)

Inhalational Asthma treatments (B agonists & steroids) are on the WADA prohibited list, however ICFRA does not consider these as prohibited at any stage of competition; a TUE IS NOT REQUIRED FOR ICFRA SANCTIONED EVENTS

Dear Competitor,

ICFRA is committed to ensuring events under its control allow the freedom of all athletes to compete. It also has a responsibility to see fair play. If you are required to take medications for legitimate reasons it is necessary for **you** to establish whether the medications you take are on this year's World Anti-Doping Agency (WADA) list (Issued on 1st January, valid until 31st December of the same year). The current WADA list of banned substances can be found through:

<http://www.wada-ama.org/en/prohibitedlist.ch2>

IF YOUR REQUIRED MEDICATION IS ON THIS LIST YOU WILL NEED TO COMPLETE THE TUE APPLICATION (you may be charged by your physician for this). IF YOU ARE IN ANY DOUBT A TUE APPLICATION SHOULD BE SUBMITTED. ADVICE CAN BE SOUGHT FROM YOUR SHOOTING NATIONAL GOVERNING BODY.

ICFRA's rules on taking and testing of banned substances are however different to those of WADA and your attention is drawn to the article at Pages 26 and 27 of the Canadian Marksman (Autumn 2008) this gives excellent advice about ICFRA anti-doping. **Unfortunately, however, the site www.didglobal.com mentioned therein has ceased to operate.**

http://www.dkra.ca/Marksman/Marksman%20Summer_Autumn%202008.pdf

Once the application is complete it **should be returned to the organising committee for the event in which you are competing**. The TUE form will be kept confidentially in the NRANZ office during the events. Review of the form may or may not be carried out by a suitably constructed committee at the instruction of the Match Director. At the end of the events these documents will either be destroyed or returned to competitors at their request.

Dear Doctor,

The International Confederation of Fullbore Rifle Associations (ICFRA) conducts a number of matches for which rules against cheating through the use of drugs apply ('doping') and all competitors are liable for testing. ICFRA Rules follow the common practice of making the **competitor** wholly responsible for what is in his/her body. The proscribed list of prohibited substance and methods can be found at the above web site. The regime of testing and any subsequent process is drawn from World Anti-Doping Agency Rules (ref). Fullbore Rifle Shooting attracts many athletes of mature years and ICFRA does not wish to see necessary medical regimes interfered with in any way or exclude athletes. You are asked kindly to record on the Therapeutic Use Exemption form (TUE) any prohibited substance taken by your patient as part of his/her **necessary** regime of medication, noting that prohibited substances can appear in proprietary and 'natural' or 'herbal' medicines. **No change in medical management is required.**

The TUE form will be lodged with a Registered Medical Practitioner (RMP) advising the Organisers and returned to the competitor at the conclusion of the event, if requested. The RMP has the right to approach you to clarify any issues which may arise, and you are asked kindly to respond appropriately. This is expected to be a very uncommon event.

If it were ever unfortunately to be the case that a doping test was to prove positive, then the Anti-Doping Committee (three Doctors and a Lawyer) would have such access to the TUE as is necessary in the interests of proper process.

Many thanks.

International Confederation of Fullbore Rifle Associations

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(Please complete all sections in CAPITALS or TYPING)

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National Governing Bodies may use this form for ICFRA sanctioned events or (appropriately edited) for their domestic use. The information contained will remain with the Medical Adviser to the event, and remains confidential to him/her. It will be made available to the ICFRA Anti-Doping Committee in the event (only) that disciplinary proceedings take place. It will be returned to the competitor after the event.

Competitor Personal Information:

I, the undersigned, provide this information for the use by the ICFRA Anti-Doping Committee (ADC) as part of my application for competing the ICFRA sanctioned event and consent to AD testing during this event if required. I hereby give consent for my medical history to be discussed with the medical practitioner named below if required.

Surname _____ Given names _____

Date of Birth (DD/MM/YY) _____ Nationality _____

Address _____

City _____ Country _____ Postal/Zip Code _____

Telephone _____ E-mail _____

Signature _____ Guardian (if under 16) _____

Details of prohibited medications required *only*, if in doubt list, even “over the counter” & emergency medications (Use reverse of form or additional paper if required):

All prescribed Substance(s) Generic name	Dose	Route	Frequency
1			
2			
3			

Medical Practitioner's Declaration:

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

Name _____ Specialty _____

Address _____

Professional registration society and number _____

Contact details (this will only be used in cases where uncertainty or clarification is required):

Email: _____ Phone: _____

Signature of Medical Practitioner _____ Date _____