This Checklist is to guide the athlete and their physician on the requirements for a TUE application that will allow the TUE Committee to assess whether the relevant International Standard for TUE criteria are met.

Please note that the completed TUE application form alone is not sufficient; supporting documents MUST be provided. A completed application and checklist do NOT guarantee the granting of a TUE. Conversely, in some situations a legitimate application may not include every element on the checklist.

<table>
<thead>
<tr>
<th>TUE Application form</th>
<th>must include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ All sections completed legibly</td>
<td></td>
</tr>
<tr>
<td>□ All information submitted in English, French or German</td>
<td></td>
</tr>
<tr>
<td>□ A signature from the applying physician</td>
<td></td>
</tr>
<tr>
<td>□ The Athlete’s signature</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical report</th>
<th>should include details of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Medical history: symptoms, age at onset, presentation at first manifestation (acute crisis/ chronic symptoms), course of disease, start of treatment</td>
<td></td>
</tr>
<tr>
<td>□ Findings on examination</td>
<td></td>
</tr>
<tr>
<td>□ Interpretation of symptoms, signs and test results by a specialist physician, i.e. endocrinologist</td>
<td></td>
</tr>
<tr>
<td>□ Diagnosis: specify whether primary or secondary adrenal insufficiency</td>
<td></td>
</tr>
<tr>
<td>□ Gluco- and mineralocorticoids (where applicable) prescribed (both are prohibited in-competition) including dosage, frequency, administration route</td>
<td></td>
</tr>
<tr>
<td>□ Response to treatment/course of disease under treatment</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnostic test results</th>
<th>should include copies of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Laboratory tests as applicable: electrolytes, fasting blood glucose, serum cortisol, plasma ACTH, renin and aldosterone</td>
<td></td>
</tr>
<tr>
<td>□ Imaging findings as applicable: cranial or abdominal CT/MRI</td>
<td></td>
</tr>
<tr>
<td>□ Provocation tests or other test results as applicable: cosyntropin (corticotropin stimulation) test, CRH stimulation, insulin tolerance test, metyrapone stimulation, antibodies</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional information</th>
<th>included</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Where applicable, statement on previous glucocorticoid treatment, administration routes, frequency, granted TUEs by physician/athlete</td>
<td></td>
</tr>
</tbody>
</table>