

OBRAZEC ZA VLOŽITEV PROŠNJE ZA PODELITEV TERAPEVTSKE IZJEME (TI)

*Therapeutic Use Exemption (TUE) Application Form*

Prosimo vas, da obrazec izpolnite z računalnikom in uporabite velike tiskane črke. Športnik izpolni točke 1, 2, 3 in 7, zdravnik izpolni točke 4, 5 in 6. Nečitljivi ali nepopolno izpolnjeni obrazci bodo vrnjeni športniku v dopolnitev in ponovno vložitev.

*Please complete all sections in capital letters or typing. Athlete to complete sections 1, 2, 3 and 7; Physician to complete sections**4, 5 and 6. Illegible or incomplete applications will be returned and will need to be re-submitted in legible and complete form.*

1. **Osebni podatki športnika / *Athlete Information***

PRIIMEK/*Last Name*: Kliknite in vnesite besedilo. IME/*First Name(s)*: Kliknite in vnesite besedilo.

ŽENSKI/*Female*:  MOŠKI/*Male*:  DATUM ROJSTVA/*Date of Birth*: Kliknite in vnesite besedilo.

*(dd/mm/yyyy)*

NASLOV/*Address*: Kliknite in vnesite besedilo.

MESTO/*City*: Kliknite in vnesite besedilo. DRŽAVA/*Country*: Kliknite in vnesite besedilo.

POŠTNA ŠTEVILKA/*Postcode*: Kliknite in vnesite besedilo. TELEFON/*Telephone*: Kliknite in vnesite besedilo.

*(* z mednarodno kodo / *with International code)*

E-mail: Kliknite in vnesite besedilo.

ŠPORT/*Sport*: Kliknite in vnesite besedilo. DICIPLINA/*Discipline*: Kliknite in vnesite besedilo.

1. **Predhodne vloge za podelitev TI / *Previous Applications***

**ALI STE ŽE KDAJ ZAPROSILI KATERO KOLI PROTIDOPINŠKO ORGANIZACIJO ZA TI ZA ENAKO ZDRAVSTVENO STANJE? / *Have you submitted any previous TUE application(s) to any Anti-Doping Organization for the same condition?***

DA/*Yes*  NE/*No*

ZA KATERO SNOV ALI POSTOPEK? / *For which substance(s) or method(s)?* Kliknite in vnesite besedilo.

KATERO ORGANIZACIJO? / *To whom?* Kliknite in vnesite besedilo. KDAJ? / *When?* Kliknite in vnesite besedilo.

ODLOČITEV / *Decision*: TI PODELJENA/*Approved*  TI ZAVRNJENA / *Not approved*

1. **PROŠNJE Z VELJAVNOSTJO ZA NAZAJ / *Retroactive Applications***

**ALI JE TO PROŠNJA Z VELJAVNOSTJO ZA NAZAJ? / *Is this a retroactive application?***

**DA/*Yes*  NE/*No***

ČE DA, KDAJ STE PRIČELI S TERAPIJO? / *If yes, on what date was the treatment started?* Kliknite in vnesite besedilo.

**ALI VELJAJO KATERE IZMED NAŠTETIH IZJEM? (člen 4.1 Mednarodnih standardov za terapevtske izjeme (ISTUE) / *Do any of the following exceptions apply? (Article 4.1 of the ISTUE)*:**

**4.1 (a)** – RABILI STE NUJNO ALI URGENTNO ZDRAVLJENJE AKUTNEGA STANJA / *You required emergency or urgent treatment of a medical condition.*

**4.1 (b)** – NISTE IMELI DOVOLJ ČASA ALI PRILOŽNOSTI OZIROMA SO BILE IZREDNE OKOLIŠČINE, ZARADI ČESAR NISTE IMELI DOVOLJ ČASA ALI PRILOŽNOSTI ZA VLOŽITEV VLOGE PRED TESTIRANJEM / *There was insufficient time, opportunity or other exceptional circumstances that prevented you from submitting the TUE application, or having it evaluated, before getting tested.*

**4.1 (c)** - V SKLADU S SLOADO PROTIDOPINŠKIMI PRAVILI NISTE SMELI OZIROMA NI BILO POTREBNO, DA ZAPROSITE ZA TI Z VELJAVNOSTJO VNAPREJ / *You were not permitted or required to apply in advance for a TUE as per SLOADO anti-doping rules.*

**4.1 (d)** – STE ŠPORTNIK, KI NE SPADA POD PRISTOJNOST MEDNARODNE ZVEZE ALI NACIONALNE PROTIDOPINŠKE ORGANIZACIJE IN STE BILI TESTIRANI / *You are a lower-level athlete who is not under the jurisdiction of an International Federation or National Anti-Doping Organization and were tested.*

**4.1 (e)** – VAŠ TEST JE BIL POZITIVEN, KER STE IZVEN TEKMOVANJA ZAUŽILI SNOV, KI JE PREPOVEDANA LE NA TEKMOVANJIH, NPR. S9 GLUKOKORTIKOSTEROIDE / *You tested positive after using a substance Out-of-Competition that was only prohibited In-Competition, e.g., S9 glucocorticoids* (oglejte si Listo/*See* [Prohibited List](https://www.wada-ama.org/sites/default/files/resources/files/2021list_en.pdf))

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| Kliknite in vnesite besedilo. |

PROSIMO OBRAZLOŽITE (če je potrebno, priložite dodatno dokumentacijo) / Please explain (if necessary, attach further documents)

**DRUGE PROŠNJE Z VELJAVNOSTJO ZA NAZAJ (člen 4.3 ISTUE) / *Other Retroactive Applications (ISTUE Article 4.3)***

NE GLEDE NA KATERA KOLI DRUGA DOLOČILA ISTUE, LAHKO V REDKIH IN IZJEMNIH OKOLIŠČINAH ŠPORTNIK ZAPROSI ZA TI Z VELJAVNOSTJO ZA NAZAJ IN MU JE LE-TA ODOBRENA, ČE BI BILO OČITNO NEPOŠTENO, DA MU NEBI BILA ODOBRENA, GLEDE NA SAM NAMEN KODEKSA. / *In rare and exceptional circumstances notwithstanding any other provision in the ISTUE, an Athlete may apply for and be granted retroactive approval for their TUE if, considering the purpose of the Code, it would be manifestly unfair not to grant a retroactive TUE.*

ČE ŽELITE VLOŽITI PROŠNJO V SKLADU S ČLENOM 4.3, PROSIMO VKLJUČITE CELOTNO OBRAZLOŽITEV IN VSO POTREBNO DODATNO DOKUMENTACIJO. / *In order to apply under Article 4.3, please include a full reasoning and attach all necessary supporting documentation.*

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| Kliknite in vnesite besedilo. |

**ZDRAVNIK IZPOLNI TOČKE 4, 5 IN 6 / *Physician to complete sections 4, 5 and 6.***

1. **ZDRAVSTVENI PODATKI (prosimo, priložite vso relevantno zdravstveno dokumentacijo) / *Medical Information (please attach relevant medical documentation****)*

DIAGNOZA (prosimo, uporabite WHO ICD 11 klasifikacijo, če je možno) / *Diagnosis (Please use the WHO ICD 11 classification if possible):*

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| Kliknite in vnesite besedilo. |

1. **PODROBNOSTI O TERAPIJI / *Medication Details***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PREPOVEDANA SNOV/POSTOPEK  Generično ime  *Prohibited Substance(s)/Method(s)*  *Generic name(s)* | ODMEREK*Dosage* | VRSTA APLIKACIJE  *Route of Administration* | POGOSTOST  *Frequency* | TRAJANJE TERAPIJE  *Duration of Treatment* |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

Obrazcu je potrebno priložiti vsa dokazila, ki potrjujejo diagnozo. Zdravstvene informacije morajo vsebovati obširno zdravstveno anamnezo in rezultate vseh relevantnih pregledov, laboratorijskih preiskav ter slikovnih študij. Če je možno, naj bodo priložene kopije originalnih izvidov. Poleg tega je dobrodošlo, da je priložen tudi povzetek, ki vključuje diagnozo, glavne elemente kliničnih preiskav, zdravstvenih testov in načrt zdravljenja. / *Evidence confirming the diagnosis must be attached and forwarded with this application. The medical information must 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. In addition, a short summary that includes the diagnosis, key elements of the clinical exams, medical tests and the treatment plan would be helpful.*

V primeru, da je za zdravljenje možna uporaba zdravila, ki ne vključuje prepovedanih snovi, prosimo, da zagotovite obrazložitev za uporabo zdravila, ki vključuje prepovedane snov. / *If a permitted medication can be used to treat the medical condition, please provide justification for the therapeutic use exemption for the prohibited medication.*

WADA je pripravila več seznamov za TI, ki pomagajo športnikom in zdravnikom pri pripravi in izpolnjevanju Obrazca za vložitev prošnje za podelitev TI. Ti seznami so dosegljivi na spletni strani WADA <https://www.wada-ama.org>, kjer v iskalno okno vpišete “checklist”. / *WADA maintains a series of TUE Checklists to assist athletes and physicians in the preparation of complete and thorough TUE applications. These can be accessed by entering the search term “Checklist” on the WADA website:* [*https://www.wada-ama.org*](https://www.wada-ama.org)*.*

1. **IZJAVA ZDRAVNIKA / Medical Practitioner’s Declaration**

IZJAVLJAM, DA SO PODATKI POD TOČKO 4 IN 5 TOČNI. SPREJEMAM IN SE STRINJAM, DA PROTIDOPINŠKA ORGANIZACIJA (ADO) LAHKO UPORABI MOJE OSEBNE PODATKE, DA ME KONTAKTIRA GLEDE TE VLOGE ZA TI, PREVERI MOJO POKLICNO OCENO V POVEZAVI S POSTOPKOM TI ALI V POVEZAVI S PREISKAVO ALI POSTOPKOM KRŠITVE PROTIDOPINŠKIH PRAVIL. NADALJE SPREJEMAM IN SE STRINJAM, DA SE MOJI OSEBNI PODATKI ZA TE NAMENE VNESEJO V PROTIDOPINŠKI SISTEM ZA ADMINISTRACIJO IN MANAGEMENT (ADAMS) (oglejte si [SLOADO](https://www.sloado.si/kategorija/sportniki-pravila-zasebnost) in [ADAMS](https://adams-help.wada-ama.org/hc/en-us/articles/360012071820-ADAMS-Privacy-Policy#h_01121492-b374-476b-b44a-948d88fa3544) pravilnik o zasebnosti za več informacij). */ I certify that the information in sections 4 and 5 above is accurate. I acknowledge and agree that my personal information may be used by Anti-Doping Organization(s) (ADO) to contact me regarding this TUE application, to verify the professional assessment in connection with the TUE process, or in connection with Anti-Doping Rule Violation investigations or proceedings. I further acknowledge and agree that my personal information will be uploaded to the Anti-Doping Administration and Management System (ADAMS) for these purposes (see the* [*SLOADO*](https://www.sloado.si/kategorija/sportniki-pravila-zasebnost) *and the* [*ADAMS Privacy Policy*](https://adams-help.wada-ama.org/hc/en-us/articles/360012071820-ADAMS-Privacy-Policy#h_01121492-b374-476b-b44a-948d88fa3544) *for more details).*

IME IN PRIIMEK/*Name*: Kliknite in vnesite besedilo.

STROKOVNO PODROČJE/*Medical specialty*: Kliknite in vnesite besedilo.

ŠTEVILKA LICENCE/*License number*: Kliknite in vnesite besedilo.

IZDAJATELJ LICENCE/*License body*: Kliknite in vnesite besedilo.

NASLOV/*Address*: Kliknite in vnesite besedilo.

MESTO/*City*: Kliknite in vnesite besedilo. DRŽAVA/*Country*: Kliknite in vnesite besedilo.

POŠTNA ŠTEVILKA/*Postcode*: Kliknite in vnesite besedilo.

TELEFONSKA ŠTEVILKA/ *Telephone*: Kliknite in vnesite besedilo.

Fax: Kliknite in vnesite besedilo.

*(*z mednarodno kodo*/with International code)*

E-mail: Kliknite in vnesite besedilo.

PODPIS ZDRAVNIKA/*Signature of Medical Practitioner*: Kliknite in vnesite besedilo.

DATUM/*Date*: Kliknite in vnesite besedilo.

1. **IZJAVA ŠPORTNIKA / *Athlete’s Declaration***

PODPISANI, Kliknite in vnesite besedilo., IZJAVLJAM, DA SO PODATKI V TOČKI 1, 2, 3 IN 7 TOČNI IN POPOLNI.

*I, Kliknite in vnesite besedilo., certify that the information set out at sections 1, 2, 3 and 7 is accurate and complete.*

POOBLAŠČAM MOJEGA ZDRAVNIKA, DA POSREDUJE ZDRAVSTVENO DOKUMENTACIJO IN ZAPISE, KI SO POTREBNI ZA OCENJEVANJE MOJE VLOGE ZA TI NASLEDNJIM PREJEMNIKOM: PROTIDOPINŠKI ORGANIZACIJI (ADO), PRISTOJNI ZA ODOBRITEV, ZAVRNITEV ALI PRIZNANJE MOJE TI, SVETOVNI PROTIDOPINŠKI AGENCIJI (WADA), KI JE PRISTOJNA ZA ZAGOTAVLJANJE, DA SO ODLOČITVE ADO SKLADNE Z ISTUE, ZDRAVNIKOM, KI SO ČLANI PRISTOJNEGA ADO IN WADA ODBORA ZA TI IN KI PO POTREBI PREGLEDAJO MOJO VLOGO V SKLADU S SVETOVNIM PROTIDOPINŠKIM KODEKSOM IN MEDNARODNIMI STANDARDI, TER DRUGIM NEODVISNIM ZDRAVSTVENIM, ZNANSTVENIM ALI PRAVNIM STROKOVNJAKOM V PRIMERU, DA MORAJO OCENITI MOJO VLOGO. / *I authorize my physician(s) to release the medical information and records that they deem necessary to evaluate the merits of my TUE application to the following recipients: the Anti-Doping Organization(s) (ADO) responsible for making a decision to grant, reject, or recognize my TUE; the World Anti-Doping Agency (WADA), who is responsible for ensuring determinations made by ADOs respect the ISTUE; the physicians who are members of relevant ADO(s) and WADA TUE Committees (TUECs) who may need to review my application in accordance with the World Anti-Doping Code and International Standards; and, if needed to assess my application, other independent medical, scientific or legal experts.*

NADALJE POOBLAŠČAM SLOADO, DA POSREDUJE MOJO CELOTNO VLOGO ZA TI, VKLJUČNO S PRILOŽENIMI ZDRAVSTVENIMI PODATKI IN ZAPISI, DRUGIM ADO IN WADA ZA ZGORAJ NAPISANE NAMENE IN RAZUMEM, DA BODO MORDA TI PREJEMNIKI MOJO CELOTNO VLOGO POSREDOVALI NJIHOVIM ODBOROM ZA TI IN RELEVANTNIM STROKOVNJAKOM, DA JO OCENIJO. / *I further authorize SLOADO to release my complete TUE application, including supporting medical information and records, to other ADO(s) and WADA for the reasons described above, and I understand that these recipients may also need to provide my complete application to their TUEC members and relevant experts to assess my application.*

PREBRAL(A) SEM IN RAZUMEM OBVESTILO O ZASEBNOSTI TI, V KATEREM JE OBRAZLOŽENO, KAKO SE BODO OBRAVNAVALI MOJI OSEBNI PODATKI, VEZANI NA MOJO VLOGO ZA TI IN SE STRINJAM S TEMI POGOJI. / *I have read and understood the TUE Privacy Notice (below) explaining how my personal information will be processed in connection with my TUE application, and I accept its terms.*

PODPIS ŠPORTNIKA/*Athlete’s signature*: Kliknite in vnesite besedilo. DATUM/*Date*: Kliknite in vnesite besedilo.

PODPIS STARŠEV/SKRBNIKOV/*Parent’s/Guardian’s signature*: Kliknite in vnesite besedilo.

DATUM/*Date*: Kliknite in vnesite besedilo.

(V primeru, da je športnik mladoleten ali ima posebne potrebe, ki mu preprečujejo podpis tega obrazca, naj obrazec podpišejo starši ali skrbniki.) */ (If the Athlete is a Minor or has an impairment preventing them from signing this form, a parent or guardian shall sign on behalf of the Athlete.)*

**OBVESTILO O ZASEBNOSTI TI / *TUE Privacy Notice***

TO OBVESTILO OPISUJE, KAKO SE OBDELUJEJO OSEBNI PODATKI VEZANI NA VAŠO VLOŽITEV PROŠNJE ZA PODELITEV TI.

*This Notice describes the personal information processing that will occur in connection with your submission of a TUE Application.*

**VRSTE OSEBNIH PODATKOV (OP) / *TYPES OF PERSONAL INFORMATION (PI)***

* PODATKI, KI JIH VI ALI VAŠ ZDRAVNIK ZAPIŠETA NA OBRAZEC ZA TI (VKLJUČNO Z VAŠIM IMENOM, DATUMOM ROJSTVA, KONTAKTNIMI PODATKI, ŠPORTOM IN DISCIPLINO, DIAGNOZO, ZDRAVILI IN TERAPIJO VEZANO NA VAŠO VLOGO / *The information provided by you or your physician(s) on the TUE Application Form (including your name, date of birth, contact details, sport and discipline, the diagnosis, medication, and treatment relevant to your application);*
* DODATNI ZDRAVSTVENI PODATKI IN ZAPISI, KI JIH POSREDUJETE VI ALI VAŠ ZDRAVNIK / *Supporting medical information and records provided by you or your physician(s); and*
* OCENA IN ODLOČITEV GLEDE VAŠE TI S STRANI ADO (VKLJUČNO Z WADA) IN NJIHOVEGA ODBORA ZA TI TER DRUGIH STROKOVNJAKOV ZA TI, VKLJUČNO S KOMUNIKACIJO, VEZANO NA VAŠO VLOGO, Z VAMI IN VAŠIM ZDRAVNIKOM, PRISTOJNO ADO ALI SPREMLJEVALNIM OSEBJEM. / *Assessments and decisions on your TUE application by ADOs (including WADA) and their TUE Committees and other TUE experts, including communications with you and your physician(s), relevant ADOs or support personnel regarding your application.*

**NAMEN IN UPORABA */ PURPOSES & USE***

VAŠI OSEBNI PODATKI BODO UPORABLJENI Z NAMENOM OBDELAVE IN OCENJEVANJA VAŠE VLOGE ZA PODELITEV TI, V SKLADU Z MEDNARODNIMI STANDARDI ZA TERAPEVTSKE IZJEME. V DOLOČENIH PRIMERIH SO PODATKI LAHKO UPORABLJENI TUDI ZA DRUGE NAMENE, SKLADNO S SVETOVNIM PROTIDOPINŠKIM KODEKSOM (KODEKS), MEDNARODNIMI STANDARDI IN PROTIDOPINŠKIMI PRAVILI ADO, PRISTOJNI ZA VAS. TO VKLJUČUJE: / *Your PI will be used in order to process and evaluate the merits of your TUE application in accordance with the International Standard for Therapeutic Use Exemptions. In some instances, it could be used for other purposes in accordance with the World Anti-Doping Code (Code), the International Standards, and the anti-doping rules of ADOs with authority to test you. This includes:*

* UPRAVLJANJE Z REZULTATI, V PRIMERU NASPROTNE ANALITIČNE UGOTOVITVE NA PODLAGI VAŠEGA VZORCA ALI BIOLOŠKEGA POTNEGA LISTA ŠPORTNIKA / *Results management, in the event of an adverse or atypical finding based on your sample(s) or the Athlete Biological Passport; and*
* V REDKIH PRIMERIH ZA PREISKAVE ALI PODOBNE POSTOPKE V KONTEKSTU SUMA NA KRŠITEV PROTIDOPINŠKIH PRAVIL / *In rare cases, investigations, or related procedures in the context of a suspected Anti-Doping Rule Violation (ADRV).*

**VRSTE PREJEMNIKOV / *TYPES OF RECIPIENTS***

VAŠI OSEBNI PODATKI, VKLJUČNO Z MEDICINSKIMI IN ZDRAVSTVENIMI PODATKI IN ZAPISI, SE LAHKO DELIJO Z: / *Your PI, including your medical or health information and records, may be shared with the following:*

* ADO, PRISTOJNIMI ZA ODLOČANJE O ODOBRITVI, ZAVRNITVI ALI PRIZNAVANJU TI KOT TUDI DELEGIRANIM TRETJIM STRANEM (ČE OBSTAJAJO). ODLOČITEV, ALI VAM BO VLOGA ZA PODELITEV TI ODOBRENA ALI NE, BO NA VOLJO TUDI ADO, KI IMAJO ZA VAS PRISTOJNOST ZA TESTIRANJE IN/ALI UPRAVLJANJE Z REZULTATI. /*ADO(s) responsible for making a decision to grant, reject, or recognize your TUE, as well as their delegated third parties (if any). The decision to grant or deny your TUE application will also be made available to ADOs with testing authority and/or results management authority over you;*
* WADA POOBLAŠČENO OSEBJE / *WADA authorized staff;*
* ČLANE ODBORA ZA TI VSAKE PRISTOJNE ADO IN WADA / *Members of the TUE Committees (TUECs) of each relevant ADO and WADA; and*
* DRUGIMI NEODVISNIMI MEDICINSKIMI, ZNANSTVENIMI IN PRAVNIMI STROKOVNJAKI, ČE JE POTREBNO. / *Other independent medical, scientific or legal experts, if needed.*

VEDITE, DA GLEDE NA OBČUTLJIVOST INFORMACIJ, VEZANIH NA TI, BO LE OMEJENO ŠTEVILO ADO IN WADA OSEBJA IMELO DOSTOP DO VAŠE VLOGE. ADO (VKLJUČNO Z WADA) MORAJO VAŠE OSEBNE PODATKE OBRAVNAVATI V SKADU Z MEDNARODNIMI STANDARDI ZA ZAŠČITO ZASEBNOSTI IN OSEBNIH PODATKOV (ISPPI). ČE ŽELITE VEČ INFORMACIJ O TEM, KAKO SE OBDELUJEJO VAŠI OSEBNI PODATKI, SE OBRNITE NA SLOADO. / *Note that due to the sensitivity of TUE information, only a limited number of ADO and WADA staff will receive access to your application. ADOs (including WADA) must handle your PI in accordance with the International Standard for the Protection of Privacy and Personal Information (ISPPPI). You may also consult SLOADO to obtain more details about the processing of your PI.*

VAŠE OSEBNE PODATKE BO ADO, KATERI POSREDUJETE SVOJO VLOGO, VNESLA V ADAMS, DA BODO ZA ZGORAJ OPISANE NAMENE DOSTOPNI DRUGIM ADO IN WADA. ADAMS GOSTUJE V KANADI, UPRAVLJA IN VODI GA WADA. ZA PODROBNOSTI O ADAMSU TER KAKO WADA OBDELUJE VAŠE OSEBNE PODATKE, SI OGLEJTE ADAMS PRAVILNIK O ZASEBNOSTI ([ADAMS Privacy Policy](https://adams-help.wada-ama.org/hc/en-us/articles/360012071820-ADAMS-Privacy-Policy#h_01121492-b374-476b-b44a-948d88fa3544)). / *Your PI will also be uploaded to ADAMS by the ADO who receives your application so that it may be accessed by other ADOs and WADA as necessary for the purposes described above. ADAMS is hosted in Canada and is operated and managed by WADA. For details about ADAMS, and how WADA will process your PI, consult the ADAMS Privacy Policy (*[*ADAMS Privacy Policy*](https://adams-help.wada-ama.org/hc/en-us/articles/360012071820-ADAMS-Privacy-Policy#h_01121492-b374-476b-b44a-948d88fa3544)*).*

**POŠTEN IN PRAVNI POSTOPEK */ FAIR & LAWFUL PROCESSING***

S PODPISOM IZJAVE ŠPORTNIKA POTRJUJETE, DA STE PREBRALI IN RAZUMETE TO OBVESTILO O ZASEBNOSTI TI. KJER JE PRIMERNO IN DOVOLJENO S STRANI ZADEVNE ZAKONODAJE, LAHKO ADO IN DRUGE STRANKE, OMENJENE ZGORAJ, VAŠ PODPIS SMATRAJO KOT DOVOLJENJE ZA OBDELAVO OSEBNIH PODATKOV, OPISANIH V TEM OBVESTILU. DRUGA MOŽNOST JE, DA SE ADO IN TE DRUGE STRANKE ZANAŠAJO NA DRUGE ZAKONSKO PRIZNANE RAZLOGE ZA OBDELAVO VAŠIH OSEBNIH PODATKOV ZA NAMENE, OPISANE V TEM OBVESTILU, KOT SO POMEMBNI JAVNI INTERES BOJA PROTI DOPINGU, POTREBA PO IZPOLNITVI POGODBENIH OBVEZNOSTI DO VAS, POTREBA PO ZAGOTOVITVI IZPOLNJEVANJA ZAKONSKIH OBVEZNOSTI ALI OBVEZNEGA PRAVNEGA POSTOPKA ALI POTREBA PO IZPOLNITVI ZAKONITIH INTERESOV, POVEZANIH Z NJIHOVIMI DEJAVNOSTMI. / *When you sign the Athlete Declaration, you are confirming that you have read and understood this TUE Privacy Notice. Where appropriate and permitted by applicable law, ADOs and other parties mentioned above may also consider that this signature confirms your express consent to the PI processing described in this Notice. Alternatively, ADOs and these other parties may rely upon other grounds recognized in law to process your PI for the purposes described in this Notice, such as the important public interests served by anti-doping, the need to fulfill contractual obligations owed to you, the need to ensure compliance with a legal obligation or a compulsory legal process, or the need to fulfill legitimate interests associated with their activities.*

**PRAVICE / *RIGHTS***

V SKLADU Z ISPPPI IMATE VEZANO NA SVOJE OSEBNE PODATKE PRAVICE, VKLJUČNO S PRAVICO DO KOPIJE VAŠIH OSEBNIH PODATKOV IN PRAVICO DO POPRAVKA, BLOKIRANJA ALI BRISANJA VAŠIH OSEBNIH PODATKOV V DOLOČENIH OKOLIŠČLINAH. V SKLADU Z VELJAVNO ZAKONODAJO IMATE MORDA DODATNE PRAVICE, NA PRIMER PRAVICO DO VLOŽITVE PRITOŽBE PRI POOBLAŠČENI OSEBI NA ZAVRSTVO OSEBNIH PODATKOV V VAŠI DRŽAVI. *You have rights with respect to your PI under the ISPPPI, including the right to a copy of your PI and to have your PI corrected, blocked or deleted in certain circumstances. You may have additional rights under applicable laws, such as the right to lodge a complaint with a data privacy regulator in your country.*

KADAR OBDELAVA VAŠIH OSEBNIH PODATKOV TEMELJI NA VAŠI PRIVOLITVI, LAHKO SVOJO PRIVOLITEV KADAR KOLI PREKLIČETE, VKLJUČNO S POOBLASTILOM ZDRAVNIKU ZA OBJAVO ZDRAVSTVENIH INFORMACIJ, KOT JE OPISANO V IZJAVI ŠPORTNIKA. ČE ŽELITE TO NAREDITI, MORATE O SVOJI ODLOČITVI OBVESTITI SVOJO ADO IN SVOJEGA ZDRAVNIKA. ČE UMAKNETE SVOJE SOGLASJE ALI UGOVARJATE OBDELAVI OSEBNIH PODATKOV, OPISANI V TEM OBVESTILU, BO VAŠA TI VERJETNO ZAVRNJEN, SAJ GA ADO NE BODO MOGLI PRAVILNO OCENITI V SKLADU S KODEKSOM IN MEDNARODNIMI STANDARDI. / *Where the processing of your PI is based on your consent, you can revoke your consent at any time, including the authorization to your physician to release medical information as described in the Athlete Declaration. To do so, you must notify your ADO and your physician(s) of your decision. If you withdraw your consent or object to the PI processing described in this Notice, your TUE will likely be rejected as ADOs will be unable to properly assess it in accordance with the Code and International Standards.*

V REDKIH PRIMERIH BO MORDA TREBA TUDI, DA ADO ŠE NAPREJ OBDELUJEJO VAŠE OSEBNE PODATKE ZA IZPOLNJEVANJE OBVEZNOSTI V SKLADU S MEDNARODNIMI STANDARDI, KLJUB TEMU, DA NASPROTUJETE TAKŠNI OBDELAVI ALI UMAKNETE SOGLASJA (KJER JE TO PRIMERNO). TO VKLJUČUJE OBDELAVO ZA PREISKAVE ALI POSTOPKE, POVEZANE Z KRŠITVAMI PROTIDOPINŠKIH PRAVIL, PA TUDI OBDELAVO ZA UGOTAVLJANJE, IZVAJANJE ALI OBRAMBO PRED PRAVNIMI ZAHTEVKI, KI VKLJUČUJEJO VAS, WADA IN / ALI ADO. / *In rare cases, it may also be necessary for ADOs to continue to process your PI to fulfill obligations under the Code and the International Standards, despite your objection to such processing or withdrawal of consent (where applicable). This includes processing for investigations or proceedings related to ADRV, as well as processing to establish, exercise or defend against legal claims involving you, WADA and/or an ADO.*

**VARNOST / *SAFEGUARDS***

Z VSEMI INFORMACIJAMI V VLOGI ZA PODELITEV TI, VKLJUČNO S PRIPADAJOČIMI ZDRAVSTVENIMI INFORMACIJAMI IN ZAPISI, TER VSEMI DRUGIMI INFORMACIJAMI, POVEZANIMI Z OCENO ZAHTEVE ZA TI, JE TREBA RAVNATI V SKLADU Z NAČELI STROGE ZDRAVSTVENE ZAUPNOSTI. ZDRAVNIKI, KI SO ČLANI ODBORA ZA TI, IN DRUGI STROKOVNJAKI, S KATERIMI SE JE TREBA POSVETOVATI, MORAJO PODPISATI SPORAZUME O ZAUPNOSTI. / *All the information contained in a TUE application, including the supporting medical information and records, and any other information related to the evaluation of a TUE request must be handled in accordance with the principles of strict medical confidentiality. Physicians who are members of a TUE Committee and any other experts consulted must be subject to confidentiality agreements.*

V SKLADU Z ISPPPI MORA TUDI OSEBJE ADO PODPISATI SPORAZUME O ZAUPNOSTI, ADO PA MORAJO IZVAJATI STROGE UKREPE ZA VAROVANJE ZASEBNOSTI IN VARNOSTI ZA ZAŠČITO VAŠIH OSEBNIH PODATKOV. ISPPPI ZAHTEVA, DA ADO ZARADI OBČUTLJIVOSTI TEH INFORMACIJ UPORABIJO VIŠJO RAVEN VARNOSTI ZA INFORMACIJE TI. INFORMACIJE O VARNOSTI V ADAMS-U NAJDETE TAKO, DA SI OGLEDATE ODGOVOR NA [HOW IS YOUR INFORMATION PROTECTED IN ADAMS?](https://adams-help.wada-ama.org/hc/en-us/articles/360010175840-How-is-your-information-protected-in-ADAMS-)  (KAKO SO VAŠI PODATKI ZAŠČITENI V ADAMS-U?) IN [ADAMS PRIVACY AND SECURITY FAQS](https://adams-help.wada-ama.org/hc/en-us/categories/360001964873-ADAMS-Privacy-and-Security) (POGOSTA VPRAŠANJA O ZASEBNOSTI IN VARNOSTI ADAMS). / *Under the ISPPPI, ADO staff must also sign confidentiality agreements, and ADOs must implement strong privacy and security measures to protect your PI. The ISPPPI requires ADOs to apply higher levels of security to TUE information, because of the sensitivity of this information. You can find information about security in ADAMS by consulting the response to*[*How is your information protected in ADAMS?*](https://adams-help.wada-ama.org/hc/en-us/articles/360010175840-How-is-your-information-protected-in-ADAMS-)*in our*[*ADAMS Privacy and Security FAQs*](https://adams-help.wada-ama.org/hc/en-us/categories/360001964873-ADAMS-Privacy-and-Security)*.*

**HRANJENJE / *RETENTION***

ADO (VKLJUČNO Z WADA) BODO HRANILI VAŠE OSEBNE PODATKE ZA OBDOBJA HRAMBE, OPISANA V PRILOGI A K ISPPPI. POTRDILA TI ALI ODLOČITVE O ZAVRNITVI SE HRANIJO 10 LET. OBRAZCI ZA VLOŽITEV PROŠNJE ZA PODELITEV TI IN DOPOLNILNI ZDRAVSTVENI PODATKI SE HRANIJO 12 MESECEV OD IZTEKA VELJAVNOSTI TI. NEPOPOLNE PRIJAVE TI SE BODO HRANILE 12 MESECEV. / *Your PI will be retained by ADOs (including WADA) for the retention periods described in Annex A of the ISPPPI. TUE certificates or rejection decisions will be retained for 10 years. TUE application forms and supplementary medical information will be retained for 12 months from the expiry of the TUE. Incomplete TUE applications will be retained for 12 months.*

**KONTAKT / *CONTACT***

OBRNITE SE NA SLOADO PREKO [antidoping@sloado.si](mailto:antidoping@sloado.si) V PRIMERU KAKRŠNIHKOLI VPRAŠANJ ALI POMISLEKOV GLEDE OBDELAVE VAŠIH OSEBNIH PODATKOV. WADA LAHKO KONTAKTIRATE PREKO [privacy@wada-ama.org](mailto:privacy@wada-ama.org). / *Consult SLOADO at* [*antidoping@sloado.si*](mailto:antidoping@sloado.si) *for questions or concerns about the processing of your PI. To contact WADA, use* [*privacy@wada-ama.org*](mailto:privacy@wada-ama.org)*.*

PROSIMO POSREDUJETE IZPOLNJEN OBRAZEC NA SLOADO OSEBNO, PREKO E-MAILA terapevtske-izjeme@sloado.si ALI POŠLJITE NA SLOADO, Celovška 25, 1000 Ljubljana. ZA VAŠO EVIDENCO OBDRŽITE KOPIJO VLOGE.

*Please submit the completed form to SLOADO in person, via e-mail terapevtske-izjeme@sloado.si or via post on SLOADO, Celovška 25, 1000 Ljubljana. Keep a copy of the application for your record.*