



## DLRA Compliance Illicit Drugs in Sport Request for a Medical Exemption of a Banned Drug

In accordance with clause 6 of the DLRA Illicit Drugs in Sport Policy, Relevant Persons are required to have prior written approval for the use of a Banned Drug for a legitimate medical purpose.

All requests must be submitted to DLRA who may consult with the DLRA National Medical Advisory Committee during the approval process.

Written confirmation of the outcome of the request will be provided to the applicant.

A Medical Exemption form is not required if you hold a current Therapeutic Use Exemption (for the same drug) under the DLRA Anti-Doping Policy.

For approved Medical Exemptions, you must carry a copy of the approval confirmation received from DLRA at all Meetings you participate in. In the event that you are selected for Safety Testing, the Drug Testing Representative or the DLRA Policy Officer may request to view the approval.

This Medical Exemption form may also be used for medications that can be legally obtained 'over the counter' and do not necessarily require a doctor's prescription.

Laboratory analysis will be conducted on Samples to confirm that the concentration level of a Banned Drug is consistent with the medical practitioner's direction on the relevant application form. Please attach all relevant medical information that will assist in the consideration of your request.

### PART A - APPLICANT'S DETAILS

Surname:  Given Name(s):   
Address:   
Date of Birth:   /   /     Mobile phone:        
Home phone:       Work phone:        
DLRA Member Number:  Email:

### PART B - MEDICAL PRACTITIONER'S DETAILS

Name:   
Qualifications and medical specialisation:   
AHPRA No.:            
Work:       Mobile phone:        
Email:

1. Relevant Persons means any of the following: CAMS-licensed drivers, co-drivers, entrants, navigators and officials. It also means any individual who has agreed to be bound by the CAMS Illicit Drugs in Sport (Safety Testing) Policy.

2. The Banned Drug List is available from [www.dlra.org.au/compliance.htm](http://www.dlra.org.au/compliance.htm).



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## PART C - MEDICATION DETAILS

Medication(s)  
and indication for use

Dose:  Route of administration:   
Frequency:  Duration of treatment:

## PART D - MEDICAL PRACTITIONER'S DECLARATION

I,  certify that the above-mentioned medication(s) for the above mentioned individual is consistent with the correct and recommended treatment for the above mentioned medical diagnosis.

Additionally, I believe that the above-mentioned medication(s), when taken as per the correct dosage and frequency stated, will not adversely affect the above-mentioned individual's ability to drive a motor vehicle or undertake officiating duties at a DLRA-permitted Meeting.

Medical practitioner's signature:  Date:  /  /

## PART E - APPLICANT'S DECLARATION

I hereby seek the approval of CAMS for the legitimate use of the Banned Drug(s) listed in Part C. In making this request, I acknowledge that laboratory analysis will be conducted on any Sample I provide to confirm that the concentration level of the Banned Drug is consistent with my medical practitioner's instruction stated on this form. I authorise the release of medical information concerning myself to CAMS for the purposes of considering this application.

Applicant's signature:  Date:  /  /

Parent/guardian signature:  Date:  /  /

(If applicant is a minor or has a disability preventing him/her from signing this form, a parent or guardian shall sign together with, or on behalf of the applicant)

Please submit completed applications to: DLRA Policy Officer, PO Box 349, Castlemaine VIC 3450

OFFICE USE ONLY

APPROVED | REJECTED

EXEMPTION VALID UNTIL:  /  /  OR PERMANENT:

NMAC CONSULTED: YES | N/A

APPLICANT ADVISED: :  /  /

AUTHORISED PERSON'S SIGNATURE:

DATE:  /  /