




請詳閱注意事項並逐項勾選確認了解

Please read the following notice carefully and check each box to make sure you are fully aware.

申請前注意事項：

NOTICE BEFORE APPLYING：

1.  **確認申請物質或方法**：請先透過以下方式確認使用之物質或方法為「禁用物質或禁用方法」再提出申請，若「非禁用物質或禁用方法」之申請案，則本會不予受理。

CHECK IF THE SUBSTANCES OR METHODS ARE PROHIBITED：Please check the substances or methods are prohibited or not through the following ways before applying. There's no need to apply for TUE if the substances or methods are not prohibited.

查詢禁用清單上禁用物質或方法

Search for Prohibited List

<https://www.antidoping.org.tw/prohibited-list/>


向本會運動禁藥諮詢平台詢問

Ask through CTADA's anti-doping platform

<https://www.antidoping.org.tw/consult/>


查詢運動禁藥APP (若藥物可於資料庫搜尋到表示可使用)

Search the APP “運動禁藥查詢” either in Apple Store or Google Play

2.  **閱讀資訊**：請閱讀本會官網治療用途豁免申請流程 Q&A 及運動員治療用途豁免須知

READ THE INFORMATION：Please read the TUE Process FAQ and TUE Guide for Athletes on CTADA's website.

<https://www.antidoping.org.tw/tue/>

3.  **申請使用「賽內禁用物質或方法」須於使用前提出，並注意截止日期**：請見各綜合性賽事 (全國中等學校運動會、全國大專校院運動會、全國運動會、全民運動會)、單項運動賽事官網或競賽規程公告治療用途豁免相關期程，逾期不受理。

YOU MUST APPLY FOR SUBSTANCES OR METHODS THAT ARE PROHIBITED IN-COMPETITION ONLY BEFORE USING AND BE AWARE OF THE DEADLINE：Please refer to the TUE deadline provided on the website or relative rules of the multi-sports event (National Middle School Athletic Games, National University and College Athletic Games, The National Games, and Citizens Sports Games) or the event. Application will not be accepted when late.



4. ✍️ **申請使用「賽內外皆禁用物質或方法」須於使用前立即提出**：預計於賽外使用時，須立即提出申請；如預計於賽內使用時，則亦須符合前述賽事申請截止日期規範。

YOU MUST APPLY FOR SUBSTANCES OR METHODS THAT ARE PROHIBITED AT ALL TIMES AS THE NEED RISES BEFORE USING : When planning to use out-of-competition, apply as the need arises. When planning to use in-competition, the deadline mentioned previously should be followed as well.

準備申請文件時注意事項：

NOTICE FOR PREPARING DOCUMENTS :

5. ✍️ **依日期順序附上病歷 (非診斷證明、藥單、處方箋)**：任何申請案皆須按**個別**醫療院所依日期順序附上完整英文病歷、檢查報告；如只有中文病歷，必須檢附醫師核可並簽名之英譯本或英文摘要。病歷應完整呈現申請病症之相關就醫紀錄以利審查，未附病歷之申請案待完成補件前不予受理。

MEDICAL HISTORY IN CHRONOLOGICAL ORDER IS REQUIRED (NOT CERTIFICATE OF DIAGNOSIS OR PRESCRIPTION) : Complete English medical history in chronological order followed medical documents of each medical clinic is required for any case. Please provide translation or summary in English by physician if medical history is written in Chinese only. In order to review case efficiently, medical history shall be able to demonstrate the complete record of the diagnosis related. Application will not be reviewed until medical history provided.

6. ✍️ **附上其他醫療文件**：如醫學檢驗或影像資料，特定病症除申請表及病歷外應檢附其他醫療文件(如檢查報告)並附於各該醫療院所病歷資料之後，特定病症應檢附之資料請參閱下方連結

ADDITIONAL MEDICAL DOCUMENTS : For example, medical examination or medical image followed the medical records of each clinic. For specific diagnosis, please refer link below for additional medical documents accordingly.

<https://www.antidoping.org.tw/tue/checklist/>

7. ✍️ **填寫申請表**：

FILL APPLICATION FORM :

申請表共 11 頁，字跡須清楚易辨識，英文字母請正楷大寫。

There are 11 pages in the application form. Please write neatly and write English in capitals.

選手填寫申請表第 1、2、3、4、8 點。醫師填寫申請表第 5、6、7 點

Section 1,2,3,4,8 shall be filled by athlete. Section 5,6,7 shall be filled by physician.

財團法人
中華運動禁藥防制基金會

CHINESE TAIPEI ANTI-DOPING AGENCY

治療用途豁免申請注意事項

THERAPEUTIC USE EXEMPTIONS APPLICATION NOTICES



醫師及選手務必於申請表簽名，未成年選手（未滿 18 歲）表格亦須親權人/監護人簽名，否則無效。

Athlete, the parent or legal guardian of the athlete (if the athlete is under 18), and physician shall sign on application form. Otherwise, invalid.

醫師、選手之電郵、電話、地址及親權人/監護人電話，務必正確填寫以利後續聯繫及郵寄審查結果。

The email, phone number, address should be correct for following contact and receiving the decision.

8. ✍️ **申請 TUE 所準備之任何文件或衍生之費用由申請人負擔。**

THE DIRECT OR INDIRECT EXPENSES FOR PREPARING DOCUMENTS SHOULD BE ON APPLICANTS' BURDEN.

寄出申請文件注意事項：

NOTICE BEFORE SENDING DOCUMENTS：

9. ✍️ **寄出前備份**：寄出前將所有申請文件(含附件)掃描或影印備份。

KEEP A COPY BEFORE SENDING：Scan or photocopy all your documents before sending.

10. ✍️ **勿使用訂書針**：申請文件請使用迴紋針或長尾夾固定。

DO NOT USE STAPLES：Please use paper clip or binder clip instead.

11. ✍️ **掛號或快遞寄出**：於申請截止日前（郵戳/快遞日期為憑）寄出至：**333325 桃園市龜山區文化一路 250 號 中華運動禁藥防制基金會 收**，寄件費用由申請人負擔。

PLEASE SEND BY REGISTERED MAIL OR BY COURIER：Send to **Chinese Taipei Anti-Doping Agency (No.250, Wenhua 1st Rd., Guishan Dist., Taoyuan City 333325, Taiwan (R.O.C.))** before deadline. Expense on applicants.

12. ✍️ **寄出申請文件並非取得 TUE 核可**：須待審查結果核可後，方可於效期內依醫囑方式使用運動禁用物質或方法。

SENDING APPLICATION ONLY DOESN'T MEAN GET APPROVAL：Using prohibited substances or methods is permitted after receiving approval.

13. ✍️ **3 天內通知確認收件**：本會將於收件後 3 個工作日內以電子郵件或電話通知。如未收到通知請來電詢問申請資料是否順利寄達。

CONFIRMATION IN 3 DAYS：CTADA will confirm receiving application with you in 3 days



by email or phone. Please inform us if not receiving confirmation.

14. ✉ **21 天內寄出審查結果**：審查結果將於完整收件日後 21 天內以掛號寄出至申請表填寫之通訊地址，完整收件日指收到所有申請資料補件後可供審查委員會進行審查。如因補件時間延誤造成無法於賽事前完成審查，申請人須自行負責。

DECISION WILL BE SENT WITHIN 21 DAYS : CTADA will send decision to the address provided in application form by registered mail in 21 days after receiving full documents, which means can be reviewed by TUE committee. In the case when documents aren't complete and need to be submitted again, applicant should be responsible for such delay if the decision can't be rendered before the competition.

如有其他申請問題可來電詢問：陳先生(03-327-3332)

Please call Mr. Chen(03-3273332) if you have any query on the above.

治療用途豁免申請表
THERAPEUTIC USE EXEMPTIONS (TUE) APPLICATION FORM

選手填寫 (1、2、3、4、8)

Athlete fills section 1,2,3,4,8

1. 選手層級及賽會資訊 (Athlete Level and Event Information)			
選手目前層級 Athlete Level *請擇一勾選 Please Choose One	<input type="checkbox"/> 國際總會 RTP 選手 International RTP <input type="checkbox"/> 國際總會 TP 選手 International TP <input type="checkbox"/> 國內 RTP 選手 National RTP <input type="checkbox"/> 國內 TP 選手 National TP <input type="checkbox"/> 以上皆非 (無須提報行蹤資料者) None of above (Not required to provide whereabouts information)		
國際比賽 International Event	是否已取得 國際比賽 (如亞奧運、國際總會主辦賽事)參賽資格或預定參加? Qualified or plan to participate international event? (Ex. Olympic Games, Asia Games, event hold by International Federation) <input type="checkbox"/> 是 (請於下方填寫賽事名稱及日期) Yes, please fill competition name and date below. <input type="checkbox"/> 否 No		
國內比賽 National Event	是否已取得 國內全國性比賽 (如四大賽、全國性錦標賽)參賽資格或預定參加? Qualified or plan to participate national event? (Ex. National Middle School Athletic Games, National University and College Athletic Games, The National Games, and Citizens Sports Games, national championships) <input type="checkbox"/> 是 (請於下方填寫賽事名稱及日期) Yes, please fill competition name and date below. <input type="checkbox"/> 否 No		
*國際比賽層級請寫 1 International - level Event, Level = 1 *國內比賽層級請寫 2 National-level Event, Level = 2	層級 Level	賽事名稱 Competition Name	比賽開始日 Start Date YYYY/MM/DD

財團法人
中華運動禁藥防制基金會
CHINESE TAIPEI ANTI-DOPING AGENCY



2. 申請選手資料 (Athlete Information) *英文姓名須與護照相同 All names required must match the passport exactly.							
姓 Surname	中文 Chinese		名 Given Name	中文 Chinese		性別 Gender	<input type="checkbox"/> 男 Male
	英文 English			英文 English			<input type="checkbox"/> 女 Female
身分證號 ID No.				生日 Date of Birth	西元	年	月
					YYYY	MM	DD
通訊地址 Address	(□□□) _____						
聯絡電話 Tel.				電子信箱 E-mail			
運動種類 Sport				項目/下場位置 Discipline/Position			
所屬單項運動協會 National Sport Organization							
身心障礙選手請註明身心障礙狀況 If you are an Athlete with disability, please indicate the impairment.							

3. 過去 TUE 申請紀錄 Previous Applications	
過去是否因為相同健康情形曾向任何運動禁藥管制組織提出治療用途豁免 (TUE) 申請? Have you submitted any previous TUE application(s) to any Anti-Doping Organization for the same condition?	
<input type="checkbox"/> 有(以下要填) Yes (Please complete below) <input type="checkbox"/> 沒有(以下免填) No (Please skip to section 4)	
申請使用之禁用物質或方法 For which substance(s) or method(s)?	請詳列 Please specify
向誰申請? To whom?	<input type="checkbox"/> 中華運動禁藥防制基金會 CTADA <input type="checkbox"/> 中華奧會 CTOC <input type="checkbox"/> 國際總會 IF <input type="checkbox"/> 國際奧會 IOC/國際帕拉林總會 IPC <input type="checkbox"/> 其他藥管單位 Others : _____
申請或核准日期 When?	西元 年 月 日 (YYYY/MM/DD)
審核結果 Decision	<input type="checkbox"/> 核可 Approved <input type="checkbox"/> 不核可 Denied <input type="checkbox"/> 退件 Returned/Incomplete
4. 回溯申請 Retroactive Applications (於使用禁用物質或方法後提出申請)	
此件是否為回溯申請? Is this a retroactive application?	<input type="checkbox"/> 是(以下要填) Yes (Please complete below) <input type="checkbox"/> 否(以下免填) No (Please skip to section 5)
倘若「是」, 治療開始日期為何? If yes, on what date was treatment started?	西元 年 月 日 YYYY MM DD

回溯申請是否符合下述任何一種情況？（依據 ISTUE 4.1 規定）
Do any of the following exceptions apply? (Article 4.1 of the ISTUE)

- 4.1(a) 您需要急救或急症治療。You required emergency or urgent treatment of a medical condition.
- 4.1(b) 您因為缺乏充分的時間、機會，或基於其他特殊情況無法於接受檢測前提出治療用途豁免（TUE）申請或取得申請結果。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) 您因為中華運動禁藥防制基金會之運動禁藥管制規定不能或不需要預先提出治療用途豁免（TUE）申請。You were not permitted or required to apply in advance for a TUE as per CTADA anti-doping rules.
- 4.1(d) 您是不受國際單項運動總會或國家禁藥管制組織管轄的運動員，但接受了禁藥檢測。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) 您在賽外使用了僅限賽內禁用的物質（例如 S9 糖皮質類固醇），檢測結果為陽性。（詳見 [2023 年運動禁用物質清單](#)）You tested positive after using a substance Out-of-Competition that was only prohibited In-Competition, e.g., S9 glucocorticoids (See [Prohibited List](#))

如果有必要，請說明並檢附相關文件。Please explain (if necessary, attach further documents)

其他回溯申請（依據 ISTUE 4.3 規定）Other Retroactive Applications (ISTUE Article 4.3)

儘管在治療用途豁免國際標準（ISTUE）中有其他規定，在極少特殊情況下，如果考慮到世界運動禁藥管制規範的目的，不允許核可回溯治療用途豁免（TUE）申請顯然有欠公允時，運動員可以提出回溯治療用途豁免（TUE）申請並獲得核可。

為了符合第 4.3 條申請規定，請提供完整的理由並附上所有必要的證明文件。

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.

In order to apply under Article 4.3, please include a full reasoning and attach all necessary supporting documentation.

醫師填寫 (5、6、7)
Physician fills section 5,6,7

提出申請時，請務必附上確認診斷的證明。醫療訊息必須包括完整的病歷、所有相關檢查結果報告、實驗室研究和影像判讀。如果可能，應包括報告或信件正本。此外，附上診斷、臨床檢驗關鍵訊息、醫學檢查和治療計劃的簡短摘要將大有助益。

世界運動禁藥管制組織 (WADA) 提供一系列治療用途豁免 (TUE) 檢查清單，以協助運動員和醫師準備完整的治療用途豁免 (TUE) 申請資料。欲搜尋相關文件，可在世界運動禁藥管制組織 (WADA) 官網 (<https://www.wada-ama.org>) 輸入關鍵字 “Checklist” 進行搜尋；相關檢查表之中文版本可於本會網站「[治療用途豁免 TUE 申請檢查表](#)」進行查詢。

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.

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>. The Chinese version of TUE checklists could be accessed on CTADA’s website: <https://www.antidoping.org.tw/tue/checklist/>.

5. 接受治療狀況 (請附上相關醫學文件)

Medical Information (please attach relevant medical documentation)

(不夠填寫時可另附說明 Continue on separate sheet if necessary)

診斷內容 (請盡量使用世界衛生組織國際疾病分類第 11 版)

Diagnosis (Please use the WHO ICD 11 classification if possible)

請中英對照，只寫英文亦可

Please write in both English and Chinese or English only.

6. 申請施用之運動禁用物質 Medication Details (*以下欄位均必填 All Fields are Required)

	藥品 (商品名) Specific name of drug	禁用物質(學名)或禁用 方法(學名) Substance(s)/Method(s) Generic name	用量 Dose (mg, mcg, ml, etc.) *吸入式藥品請 註明每次按壓之 劑量 (*Please specify dose/puff regarding inhalation drug)	給藥途徑 Route of Administration (ophthalmic, oral, topical, injection-intra- muscular/intra- articular/IV, etc.)	頻次/用法 Frequency (BID, PRN, etc.)	施用期限 Duration of Treatment (day(s), wk(s), year(s), emergency, once, etc.) *一次性與急 救需載明日期 (*Please dated when applies for emergency or one-time situation)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

若本頁有塗改，請醫師於塗改處簽名。

If any correction on this page, please let your medical practitioner sign next to the corrected part.

7. 醫師聲明 Medical Practitioner's Declaration

本人聲明前述第 5 和第 6 節中的資訊是正確的。我承認並同意運動禁藥管制組織 (ADO) 可能會使用我的個資，與我就 1) 此治療用途豁免 (TUE) 的申請 2) 查證與治療用途豁免程序或 3) 違反運動禁藥管制規定之調查或訴訟等相關適宜進行聯繫。我進一步承認並同意，出於前述目的，我的個資將被上載到世界運動禁藥管制組織之運動禁藥管制行政及管理系統 (ADAMS)(詳情可參考 ADAMS 隱私政策 ADAMS Privacy Policy)。

I certify that the information in sections 5 and 6 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 ADAMS Privacy Policy for more details).

醫師姓名 (中英文)
Name

醫師專長 (中英文)
Medical Specialty

任職醫事機構名稱
(中英文) Clinic/Hospital

證照號碼
License number

發照單位(中文)
License body

醫事機構住址 (中文)
Address

電話 (可聯繫到本人
之市話或行動) Tel.

電子郵件
E-mail

醫師簽名 Signature of Medical Practitioner :

簽署日期 Date (YYYY/MM/DD) :

8. 申請選手聲明 Athlete's Declaration

***本欄資料一律手寫 Please complete this section in handwriting**

本人_____ (選手中文全名) 聲明：

本表前述1、2、3、4 點所填資料均屬實且完整。我同意授權我的診療醫師 (們) 向下列機構提供他 (們) 認為評估我的治療用途豁免申請適當性所需之資料1) 負責審查並核可、拒絕核可或承認我的治療用途豁免申請的運動禁藥管制組織；2) 負責確保運動禁藥組織審查結果符合治療用途豁免國際標準 (ISTUE) 的世界運動禁藥管制組織 (WADA)；3) 擔任相關運動禁藥管制組織及世界運動禁藥管制組織治療用途豁免審查委員會 (TUEC) 成員的醫師，該等醫師可能需要根據《世界運動禁藥管制規範》及國際標準審查我的申請；4) 需要評估我的申請時邀請的其他獨立醫學、科學或法律專家。

出於上述原因，我進一步授權財團法人運動禁藥防制基金會 (CTADA) 向其他運動禁藥管制組織和世界運動禁藥管制組織發布我的完整的治療用途豁免申請，包括作為佐證的醫療資訊和記錄；我亦了解接收這些資料的機構可能需要向其轄下的治療用途豁免審查小組成員和相關專家提供我的完整申請資料，供渠等審查。

本人已閱讀並了解治療用途豁免隱私聲明 (如下)，該聲明解釋在與治療用途豁免申請相關過程中將如何處理我的個資。茲接受此條款。

I, _____, certify that the information set out at sections 1, 2, 3, 4 and 7 is accurate and complete.

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.

I further authorize Chinese Taipei Anti-Doping Agency 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.

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.

選手簽名 Athlete's Signature	簽署日期 Date (YYYY/MM/DD)
<p>*未成年選手需有家長/監護人簽名 Parent or guardians; signature is required if athlete is under 18.</p> <p>*身心障礙選手無法簽署本申請表時，可由家長/監護人代為簽署。 Parent or guardians can sign on behalf of athlete with disability when athletes can't conduct signing.</p> <p>親權人/監護人 (關係為選手_____) 簽名 Parent's/Guardian's Signature (Relation with athlete : _____) Signature</p> <p>親權人/監護人電話 Tel : Parent's/Guardian's Tel :</p>	簽署日期 Date (YYYY/MM/DD)

治療用途豁免隱私聲明 TUE Privacy Notice

此聲明敘述在審查您的治療用途豁免申請過程中個資的處理事宜。

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

個資類型 TYPES OF PERSONAL INFORMATION (PI)

- 您或您的醫師在治療用途豁免申請表格上提供的訊息（包括您的姓名、生日、聯繫資料、運動與項目、診斷、用藥及與您的申請相關的治療）
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); ;
- 您或您的醫師提供作為佐證的醫療資訊和紀錄，以及
Supporting medical information and records provided by you or your physician(s); and
- 運動禁藥管制組織（包括世界運動禁藥管制組織）、渠等轄下治療用途豁免審查委員會及其他治療用途豁免專家針對您的治療用途豁免申請的評估及審查結果，包括就您的申請與您、您的醫師、相關運動禁藥管制組織或相關人員之間的聯繫。
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.

PURPOSES & USE 目的 & 使用

根據《治療用途豁免國際標準》，您的個資將用於處理並評估您的治療用途豁免申請的適當性。依據《世界運動禁藥管制規範》、《國際標準》和有權檢測您的運動禁藥管制組織規定，在某些情況下，您的個資可以作為其他目的使用，包括：

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:

- 在您的檢體或運動員生物護照顯示異常時進行結果管理，以及
Results management, in the event of an adverse or atypical finding based on your sample(s) or the Athlete Biological Passport; and
- 在極少數情況下，就涉嫌違反運動禁藥管制規定（ADRV）的情況下進行調查或相關程序時。
In rare cases, investigations, or related procedures in the context of a suspected Anti-Doping Rule Violation (ADRV).

TYPES OF RECIPIENTS 獲取資料者類型

您的個資，包括您的醫療或健康資訊及紀錄，可能會與下列單位分享：

Your PI, including your medical or health information and records, may be shared with the following:

- 負責核可、拒絕或承認您的治療用途豁免申請的運動禁藥管制組織以及其委任的第三方（如果有的話）。擔任結果管理的運動禁藥管制組織以及/或者對您有結果管理權利的機構也可以得知您的治療用途豁免審查結果。
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;
- 獲得授權的世界運動禁藥管制組織員工
WADA authorized staff;
- 相關運動禁藥管制組織及世界運動禁藥管制組織轄下的治療用途豁免委員會委員，以及
Members of the TUE Committees (TUECs) of each relevant ADO and WADA; and
- （必要時）其他的獨立醫學、科學及法律專家。
Other independent medical, scientific or legal experts, if needed.

請注意，鑑於治療用途豁免訊息的敏感性，只有少數運動禁藥管制組織及世界運動禁藥管制組織的成員有權檢視您的申請。運動禁藥管制組織及世界運動禁藥管制組織必須依據《隱私及個資保護國際標準（ISPPPI）》處理您的個資。您也可以向遞交治療用途豁免申請的運動禁藥管制組織取得更多處理您個資的細節。

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 the ADO to which you submit your TUE application to obtain more details about the processing of your PI.

接獲您的申請的運動禁藥管制組織也會將您的個資上傳到運動禁藥管制行政及管理系統（ADAMS），由其他運動禁藥管制組織及世界運動禁藥管制組織為了前述目的取得您的申請。運動禁藥管制行政及管理系統（ADAMS）伺服器位於加拿大，由世界運動禁藥管制組織運作及管理。有關此系統及世界運動禁藥管制組織如何處理您的個資，詳情可參考禁藥管制行政及管理系統（ADAMS）隱私政策（[ADAMS Privacy Policy](#)）。

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](#)).

FAIR & LAWFUL PROCESSING 公平 & 合法的處理

當您簽署運動員宣言時，表示您確認已經閱讀並了解此治療用途豁免隱私聲明。在適用法律適切及允許範圍內，前述的運動禁藥管制組織及其他方也可以認為您簽署聲明係確認您同意此聲明中詳述的個資處理方式。此外，運動禁藥管制組織及其他方也可以為了本聲明中所述之目的，依據法律認可的其他理由處理您的個資，例如為了符合運動禁藥管制服務的重要公共利益、必須履行與您的合約義務、確保遵守法律義務或強制性的法律程序、或履行與前述運動禁藥管制組織及其他方相關活動的合法利益。

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.

RIGHTS 權利

根據隱私及個資保護國際標準（ISPPPI），您擁有關於您的個資的權利，包括獲得您的個資副本，以及在某些情況下更正、封鎖或刪除您的個資的權利。根據適用法，您可能有附加權利，例如向您所在國家的數據隱私監管機構投訴。

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.

倘若處理您的個資是基於您的同意，則您可以隨時撤回您的同意，包括《運動員宣言》中提到的授權您的醫師發布醫療訊息。要撤回同意，您必須將此決定通知您的運動禁藥管制組織和您的醫師。如果您撤回此聲明中提到的個資處理同意權或表示反對，您的治療用途豁免（TUE）可能會被拒絕，因為運動禁藥管制組織將無法依據世界運動禁藥管制規範和國際標準對您的申請進行適當的評估。

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.

在極少數情況下，即使您反對處理或撤消同意（在適用的情況下），運動禁藥管制組織也可能必須繼續處理您的個資，以履行世界運動禁藥管制規範和國際標準規定的義務，包括處理與違反運動禁藥管制規定（ADRV）相關的調查或訴訟程序，以及確立、行使或抗辯與您、世界運動禁藥管制組織及/或運動禁藥管制組織 ADO 相關的法律主張。

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.

SAFEGUARDS 保護條款

治療用途豁免（TUE）申請中包含的所有訊息，包括作為佐證的醫學訊息和記錄，以及其他評估與治療用途豁免請求相關的任何信息，皆必須依據嚴格的醫學保密原則進行處理。擔任治療用途豁免委員會成員的醫師和任何其他接受諮詢的專家都必須遵守保密協議。

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.

根據隱私及個資保護國際標準（ISPPPI），運動禁藥管制組織的工作人員也必須簽署保密協議，運動禁藥管制組織必須執行強有力的隱私和安全措施，以保護您的個資。基於訊息的敏感性，個資保護國際標準（ISPPPI）要求運動禁藥管制組織針對治療用途豁免（TUE）採用更高層級的安全措施。您可以透過運動禁藥管制行政及管理系統（ADAMS）參考我們的「運動禁藥管制行政及管理系統（ADAMS）隱私及安全 Q & A」中針對「您的訊息在運動禁藥管制行政及管理系統（ADAMS）中如何受到保護？」乙節提供的解答。

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?](#) in our [ADAMS Privacy and Security FAQs](#).

RETENTION 保留期限

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.

您的個資將由運動禁藥管制組織（包括世界運動禁藥管制組織）保留，其保留期限如隱私及個資保護國際標準（ISPPPI）附件 A 中所述。治療用途豁免（TUE）審查核可或拒絕的決定將保留 10 年。治療用途豁免（TUE）申請表和補充的醫療訊息將從治療用途豁免（TUE）核可失效日起保留 12 個月。不完整的治療用途豁免（TUE）申請將保留 12 個月。

CONTACT 聯繫資訊

有關處理您的個資相關問題，可聯繫財團法人運動禁藥防制基金會（CTADA）（電話：03-3273332）。如果要聯繫世界運動禁藥管制組織，請寫信到 privacy@wada-ama.org。Consult Chinese Taipei Anti-Doping Agency at 03-3273332 for questions or concerns about the processing of your PI. To contact WADA, use privacy@wada-ama.org.

請將完整的申請表格提交到：財團法人運動禁藥防制基金會（CTADA）（住址：333325 桃園市龜山區文化一路 250 號），並請自行保留副本。

Please submit the completed form to [Chinese Taipei Anti-Doping Agency] (Address: No.250, Wenhua 1st Rd., Guishan Dist., Taoyuan City 333325, Taiwan (R.O.C.) (keeping a copy for your records):