

**Attention Deficit Hyperactivity Disorder (ADHD)****Prohibited Substances: Methylphenidate and amphetamine derivatives**

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 Therapeutic Exemptions (ISTUE) 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 an acceptable application may not include every element on the checklist

<input type="checkbox"/>	<b>TUE Application form</b> must include:
<input type="checkbox"/>	All sections completed legibly
<input type="checkbox"/>	All information submitted in [language(s) as per ADO preferences]
<input type="checkbox"/>	A signature from the applying physician
<input type="checkbox"/>	The Athlete's signature
<input type="checkbox"/>	<b>Medical report</b> should include details of:
<input type="checkbox"/>	Medical history: age at onset of ADHD symptoms and age at initial diagnosis; symptoms across more than one setting' should include inquiry and documentation of the trajectory of symptoms and impairments over time; trial of non-prohibited interventions (if used)
<input type="checkbox"/>	Summary of diagnostic interviews, questionnaires and rating scales used and interpretation in relation to the diagnosis. Copies of relevant sections should ideally be included. Examples include, but are not limited to, ACDS, CAADD, Barley, DIVA-5, Conners, K-SADs, SNAP.
<input type="checkbox"/>	The report should be provided by a physician (pediatrician, psychiatrist, or other physician specializing in ADHD) or a clinical psychologist. A psychologist assessment must be accompanied by a report from the prescribing physician. For non-specialist physicians, a statement attesting to the degree of experience treating patients with ADHD should be included.
<input type="checkbox"/>	Diagnosis, referring to ICD-11 or DSM-5
<input type="checkbox"/>	Stimulant prescribed (methylphenidate and amphetamine are prohibited in-competition) including dosage, frequency, administration route
<input type="checkbox"/>	<b>Additional information</b> (if necessary)
<input type="checkbox"/>	Supplementary reports that support the diagnosis: e.g., reports from psychologists, school teachers, parent/guardian/partner who could provide information on chronicity of symptoms/impairments, if no childhood informant available Second opinion (only if required)