



2017 Therapeutic Use Exemption (TUEs) Application Form

Please print clearly or type all sections of this form

Athlete Information

Name: _____ Date of Birth: _____

Team: _____ Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ E-mail: _____

Medical Information (Medical records must be included that document diagnosis & treatments)

Diagnosis: _____

Medication requested: Name (generic): _____

Dose: _____ Route: _____ Frequency: _____ Duration of treatment: _____

Alternative treatments with non-prohibited substances attempted: _____

Physician Information and Declaration

I certify that the above treatment is medically appropriate and that the use of alternate medication not on the prohibited list would be unsatisfactory for this condition.

Name: _____ Degree: _____

Medical Specialty: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Signature of Physician: _____ Date: _____

All TUE applications with documentation are to be sent to:

John A. Lombardo, MD
Independent Administrator of NFL Policy on
Performance Enhancing Substances

fax: 614-388-5552
e-mail: jlombardo@drjalombardo.com