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| **WAIVER REQUEST – ANTI-ALCOHOL REGULATIONS** |

 **Request n°:**

*(for FIA internal use)*

Please complete all sections **in typing**. Athlete to complete sections 1 and 4; physician to complete sections 2 and 3. Illegible or incomplete applications will be returned and will need to be re-submitted in legible and complete form.

**1. Athlete Information**

Surname: Forename(s):

Female 🞎 Male 🞎 *(tick the appropriate box)* Date of birth *(dd.mm.yyyy):*

Address:

City: Postcode: Country:

Tel. *(with International code)*: E-mail:

Sport: Discipline/Position:

Nationality of the Athlete:

National sporting authority (ASN):

Which competition registered on the FIA International Sporting Calendar (available on [www.fia.com/sports/calendars](http://www.fia.com/sports/calendars)) are you taking part in?

If you are an Athlete with an impairment, please indicate impairment:

Has the doctor in charge at the ASN that issued the athlete’s licence been informed of this request?

Yes: 🞎 No: 🞎

Name of the doctor in charge at the ASN:

**2. Medical Information**

Height: Weight:

Diagnosis (cause of the presence of ethanol in breath):

Average ethanol in breath due to pathological condition (g/L):

Other Current Diseases:

Current Treatment:

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| ***Note*** | **Diagnosis:***Evidence confirming the diagnosis, written in or translated into English, must be attached and forwarded with this application. The medical evidence must include a comprehensive medical history with a description of how the disease/disorder can cause the presence of ethanol in breath, and the results of all relevant examinations, laboratory investigations and imaging studies. Copies of all the original reports or letters shall be included where possible. Evidence should be as objective as possible in the clinical circumstances and, in the case of non-demonstrable conditions, an independent medical opinion shall be attached in support of this application.* |

**3. Medical practitioner’s declaration**

**I certify that the information at section 2 above and the attached medical examinations areaccurate.**

Name:

Address:

Tel. *(with international code)*: Fax:

E-mail:

**Signature**: **Date**:

**4. Athlete’s declaration**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that the information set above accurate. I authorise the release of personal medical information to the FIA Medical Commission as well as the FIA authorized staff.

I consent to my physician(s) releasing to the above persons any health information that they deem necessary in order to consider and determine my application.

I understand that my information will only be used for evaluating my waiver request and in the context of any potential ant-alcohol rule violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my health information; or (2) exercise any rights I may have, such as my right of access, rectification, restriction, opposition or deletion; (3) or revoke the right of the FIA to obtain my health information, I must notify my medical practitioner and the FIA in writing of that fact.

I understand and accept that the recipients of my information and of the decision on this application may be located outside the country where I reside. In some of these countries data protection and privacy laws may not be equivalent to those in my country of residence.

I understand that if I believe that my health data and personal information are not used in conformity with this consent, I can file a complaint with my national regulator responsible for data protection in my country.

**Signature of the athlete**: **Date**:

**Signature of the athlete’s parent or guardian**: **Date**:

*(If the Athlete is a Minor or has an impairment preventing him/her from signing this form, a parent or guardian shall sign together with or on behalf of the athlete.)*

**Additional Comment:**

**Please submit the duly completed form to the following email address and keep a copy for your own records:**

**testing@fia.com**