



**REQUEST FOR 2022 MAJOR LEAGUE BASEBALL
THERAPEUTIC USE EXEMPTION (TUE)**

**ONLY 40-MAN ROSTER PLAYERS SHOULD COMPLETE THIS FORM.
PLEASE COMPLETE ALL SECTIONS. TYPE OR PRINT IN BLACK INK**

PLAYER INFORMATION

Last Name: _____ First Name: _____

Club: _____ Position: _____

REQUEST IS FOR: _____ NEW TUE _____ RENEWAL OF TUE IF A RENEWAL, YEAR OF LAST TUE _____

CONTACT INFORMATION

Mailing Address:

Street: _____

City: _____ State/Country: _____ Postal Code: _____

Email (Personal info sent via email is not secure): _____

Phone: _____

Fax: _____

Club Representative:

Name: _____ Title: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Fax: _____

Email: _____



REQUEST FOR 2022 MAJOR LEAGUE BASEBALL THERAPEUTIC USE EXEMPTION (TUE)

TUE INFORMATION

For which medication(s) on the Prohibited Substances list are you requesting a TUE?

1. _____

2. _____

Medical Condition/Diagnosis: _____

PRESCRIBER INFORMATION

Prescribing physician's name: _____

Address: _____

Phone: _____

Email: _____

Check here if you do not want your Club to be notified of your TUE application and status

Player's Signature: _____ Date: _____

IMPORTANT NOTICE: If you use any prohibited substance before receiving a TUE from the Independent Program Administrator (IPA), you run the risk of violating the Joint Drug Program should the IPA subsequently deny the request for a TUE. Players should refrain from using a prohibited substance for which they have requested a TUE until such request has been granted in writing by the IPA.