

**2012 IWF-WORLD MASTERS WEIGHTLIFTING CHAMPIONSHIPS**  
**(28<sup>th</sup> Men's and 19<sup>th</sup> Women's Championships)**  
**REGISTERED for IWF MASTERS DRUG TESTING**  
**Lviv, Ukraine. 15<sup>th</sup> – 22<sup>nd</sup> September 2012**

**Return entries to:** Syvuliak Nazar Bogdanovych (Travel Agency)  
79038  
Lviv  
Sadivnycha Str. 27, apt. 27  
[nazar.syvulyak@gmail.com](mailto:nazar.syvulyak@gmail.com) Web: [www.lvivmasters.com](http://www.lvivmasters.com) (from 15th Jan)  
**Tel's:** +38 067 334 8413 +37 259 398 690

**Entry Fees:** Competition (non-returnable) € 100.00  
Team entry (Male, Female & Small Nation) € 30.00  
(Paid at Technical Meeting)  
Banquet Fee (non-returnable) € 25.00

**Venue** Lviv, Melnyka Str. 16, Sports Palace "Ukraina"

**CLOSING DATE FOR ENTRIES:** Letters postmarked no later than June 30th, 2012 (No late entries accepted)  
\*\*\* All forms must be mailed collectively from one source, e.g. your National Masters Chairman \*\*\*

**NO LATE ENTRIES OR INCOMPLETE ENTRIES ACCEPTED.**

Please enter me in the \_\_\_\_\_ kilogram class, age group \_\_\_\_\_ of the IWF World Masters Weightlifting Championships to be held on **15<sup>th</sup>-22<sup>nd</sup> Sept. 2012 at Lviv, Ukraine.** I hereby accept and acknowledge that all of the rules and regulations of the present competition are solely governed by the applicable rules and regulations of the IWF, IWF Masters, and WADA. I certify that I am an amateur in good standing. In consideration of my entry in the competition, I do hereby waive, and release the 2011 World Masters Weightlifting Championships Organiser (hereafter referred to as the "Organiser"), IWF Masters, their directors, and associated personnel from any and all causes of action, loss, liability, claims, and demands of every kind and nature which I or my heirs or personal representatives may have for bodily injury and expenses of medical treatment.

I agree to be filmed and photographed under conditions approved and authorized by the Organiser and IWF Masters to include the use of my name, biographical information, public appearances, interviews, photographs, portrait and motion pictures and television recordings of my weightlifting performances, and grant to the Organiser and the IWF Masters the right to record and make use of the same, and to authorize others to do so in promoting the competition and the success of the weightlifting team on which I compete, to promote the image of the Organiser and the IWF Masters, their sponsors and advertisers, and the sport of amateur weightlifting, and to fund the activities of the Organiser and IWF Masters.

I understand all responsibilities for any problems, injuries, etc., arising from my health condition while participating in the IWF Masters Weightlifting Championships. I agree that the Organiser, IWF Masters and their agents, including competition personnel, may make judgments (with appropriate input from available medical personnel), as to my treatment, hospitalization, or other medical care in the event of my illness or accidental injury in connection with my participation in the competition should I be disabled or incompetent to make necessary and appropriate decisions concerning such treatment, hospitalization, or other care.

I authorize the Organiser, IWF Masters, their agents and competition personnel to make decisions for me as though they stood in a relationship to me of parent, guardian, or next of kin should circumstances require the Organizer, IWF Masters, their agents and competition personnel to make judgments if my next of kin cannot be timely and conveniently contacted to participate in the making of such judgments. I hereby release and agree not to hold the Organiser, IWF Masters, their agents and competition personnel responsible for all expenses, causes of action, liability, claims, and demands arising from good faith judgments made by the Organiser, IWF Masters, their agents and competition personnel concerning my treatment, hospitalization, and medical care in the event of my illness, injury, and other emergency circumstances in connection with the competition.

I agree that I will be financially responsible for treatment and other medical care rendered me in the event of my illness, injury, or other emergent circumstances in connection with the competition, except to the extent of my injuries, and medical expenses, if any, are covered by accidental death, dismemberment and/or loss of sight and medical reimbursement insurance policies, maintained by the Organizer for my benefit, in which event I will nevertheless continue to be financially responsible for expenses of treatment, hospitalization, and other medical care in excess of such policies' limits.

Further, I declare that I agree to the contents of the IWF MASTERS RULEBOOK – **Anti Doping Rules**

Ali lifters must sign on the entry forms a statement that the IWF MASTERS has the authority and the right to test for banned substances **at any time during the days of the championship**, in our out of competition.

The IWF MASTERS recognises the right of any member country to conduct tests on any lifter selected for a drug test at any IWF MASTERS organised event or at any other time.

**THE IWF MASTERS DRUG POLICY WILL BE STRICTLY ENFORCED.**

**I accept all such conditions :**

Date \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_

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**COMPETITOR'S PERSONAL DETAILS:**

**I agree to be bound by the Masters rules and declare that I am physically fit to undertake the sport of weightlifting and have no knowledge of any medical condition which will make weightlifting contra-indicated to my well being. I have also read page 3 on "specific information on anti doping". I understand that Travel insurance with health and accident cover is mandatory.**

Nation (country. by passport) \_\_\_\_\_

Last Name (family name): \_\_\_\_\_

First Name (given name)(s): \_\_\_\_\_

Signature \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (B) \_\_\_\_\_

Date of Birth Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_ Age (at 31<sup>st</sup> December 2011) \_\_\_\_\_

Age Group \_\_\_\_ Body weight category \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Best total between 6<sup>th</sup> Nov. 2011 and June 1<sup>st</sup> 2012 \_\_\_\_\_ kg

Qualifying total for my age group and body weight category \_\_\_\_\_ kg

Referee Status - IWF CAT I ( ) or IWF CAT II ( )

**Above competitor details authorized by:**

**National Masters Chairman** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Stamp:**

**PLEASE PROVIDE ONE OF THE FOLLOWING :-**

Passport number \_\_\_\_\_ Country \_\_\_\_\_

Identification card \_\_\_\_\_ Country \_\_\_\_\_

Driver's license \_\_\_\_\_

Province/state/country of issue \_\_\_\_\_

## FOR THE ATTENTION OF ALL ATHLETES

\*\*\* IMPORTANT \*\*\*

**Specific information on anti doping – please read and be aware !**

- **Do not mail your TUE Form with your entry, it is your personal document, you will only need it if you are selected to attend doping control at the championship.**
- Only you are responsible for any item of food **or medication** you put into your mouth.
- The IWF Masters Committee will conduct doping control at every IWF Masters Weightlifting Championship. Anyone using banned substances will eventually, at one time or another, find that they are selected for testing.
- It is possible to find the list of banned substances from your own Federation or from the IWF or WADA (World Anti Doping Agency) websites.
- At all IWF Masters Championships the IWF Masters Committee intends to run educational seminars to help athletes and to enable them to understand that if they are taking prescribed medication they can still test positive. The seminars are designed to help athletes taking prescribed medicine, but we urge all athletes to attend at least one seminar.
- Athletes selected for doping control **must** declare **every** item of medication, vitamin, or supplement, e.g. aspirin, paracetamol, creatin, and all prescribed or non prescribed medication. Failure to do so might be disadvantageous if the athlete gives an “adverse finding”.
- Please note that you may be selected for testing at any time on any day of the period of the championship, in or out of competition.
- At this moment in time many Master athletes must take medication for their well being and it is recognised that everyone has the right to be ill and take medication for the care of, and to cure sickness.
- The medication causing most problems is the medication used for the treatment of stress and high blood pressure. These medicines come under a variety of names and are mostly **diuretics** and therefore mostly on the banned list.
- If you are being prescribed this medicine (and others) by your doctor and your doctor will not prescribe an alternative medicine that is not on the banned list then you must complete an **IWF Masters TUE**. You should also have a medical certificate completed and signed by your doctor **in English**. A TUE is a Therapeutic Use Exemption form which enables your doctor to enter the details of the prescribed medicine and for him to sign it and date it. It can be found with this entry form or you will be able to get one from the current Championship Organising Committee.
- You must bring the completed IWF Masters TUE form and medical certificate with you to all championships just in case you are selected for testing. These will be used for verification purposes should you give an “adverse analytical finding” if tested.
- It is not necessary to complete a TUE form if you are not taking any prescribed medication.
- **It is not the intention of the IWF Masters Committee to persecute Masters – only to help, but first of all you have to help yourself and you must cooperate.**
- **Always remember – if you take drugs to enhance your performance, you are a cheat !**

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**Lviv, UKRAINE. 15<sup>th</sup> – 22<sup>nd</sup> September 2012**

- RULES:** Current IWF-MASTERS, IWF, and WADA Rules will govern the competition.
- ORGANISER:** IWF-World Masters Weightlifting Committee.
- CHAMPIONSHIP MANAGER:** *Organizing Committee - Ministry for Family, Youth and Sports of Ukraine, Lviv City Council and Ukrainian Masters Weightlifting Association.*
- WEB:** [www.lvivmasters.com](http://www.lvivmasters.com) From 15<sup>th</sup> Jan. 2012
- VENUE:** Lviv, Melnyka Str. 16, Sports Palace "Ukraina"
- SANCTION:** IWF-WORLD MASTERS WEIGHTLIFTING COMMITTEE
- EXPENSES:** Athletes bear the full cost of transportation, meals, and lodging.  
See attachments for an explanation of costs.
- ELIGIBILITY:** Athletes must be members of their national federation and be nominated by their national federation as eligible to compete and meet the 2012 Qualifying Standards.
- QUOTA SYSTEM:** None.
- ACCOMMODATION:** All required accommodation can be booked through the “officially appointed travel agent” Mr. Syvuliak Nazar (Bogdanovych) whose contact details can be found on the first page of this entry form which must be sent to him.
- VISAS:** For most countries it is not necessary to obtain a visa in advance to visit Ukraine. At airports you will enter your passports details on a small document available before going through passport control and passport control will stamp your passport. **THERE IS NO FEE PAYABLE.**  
Link for countries requiring visas is –  
<http://www.mfa.gov.ua/mfa/en/publication/content/1865.htm>

**MALE** and **Female** athletes must be **35 years** of age (born **1977**) or older. Qualifying Standards of Sinclair-Malone-Meltzer points for these Championships have been established by IWF-WORLD MASTERS COMMITTEE. Only those athletes who have met the qualifying totals **from 6<sup>th</sup> Nov. 2011 until June 1<sup>st</sup>, 2012** will be permitted to compete. For more information in this connection, please see the attached supplement "Qualifying Standards".

**Note:** an athlete cannot post a qualifying total while on anti doping suspension.

**GENDER, AGE GROUP AND WEIGHT CATEGORIES:** Check both age and weight division in which you will compete.

- |               |                                    |                                    |                                    |                                    |                                    |
|---------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <b>MALE</b>   | <input type="checkbox"/> 35-39 (1) | <input type="checkbox"/> 45-49 (3) | <input type="checkbox"/> 55-59 (5) | <input type="checkbox"/> 65-69 (7) | <input type="checkbox"/> 75-79 (9) |
|               | <input type="checkbox"/> 40-44 (2) | <input type="checkbox"/> 50-54 (4) | <input type="checkbox"/> 60-64 (6) | <input type="checkbox"/> 70-74 (8) | <input type="checkbox"/> 80+ (10)  |
|               | <input type="checkbox"/> 56 Kg     | <input type="checkbox"/> 69 Kg     | <input type="checkbox"/> 85 Kg     | <input type="checkbox"/> 105 Kg    |                                    |
|               | <input type="checkbox"/> 62 Kg     | <input type="checkbox"/> 77 Kg     | <input type="checkbox"/> 94 Kg     | <input type="checkbox"/> 105+ Kg   |                                    |
| <b>FEMALE</b> | <input type="checkbox"/> 35-39 (1) | <input type="checkbox"/> 45-49 (3) | <input type="checkbox"/> 55-59 (5) | <input type="checkbox"/> 65-69 (7) |                                    |
|               | <input type="checkbox"/> 40-44 (2) | <input type="checkbox"/> 50-54 (4) | <input type="checkbox"/> 60-64 (6) | <input type="checkbox"/> 70+ (8)   |                                    |
|               | <input type="checkbox"/> 48 Kg     | <input type="checkbox"/> 58 Kg     | <input type="checkbox"/> 69 Kg     | <input type="checkbox"/> 75+ Kg    |                                    |
|               | <input type="checkbox"/> 53 Kg     | <input type="checkbox"/> 63 Kg     | <input type="checkbox"/> 75 Kg     |                                    |                                    |

**ACTUAL SCHEDULE TO BE ANNOUNCED WHEN APPLICATIONS HAVE BEEN PROCESSED.**

# Summary of entry fees, Lviv, Ukraine. 15<sup>th</sup> – 22<sup>nd</sup> Sept. 2012 for athletes, officials, and other guests.

(Make extra copies if required and make all payments in € Euros)

No	Names	Entry Fees € Euros	Banquet € Euros	Total € Euros
1		100		
2		100		
3		100		
4		100		
5		100		
6		100		
7		100		
8		100		
9		100		
10		100		
11		100		
12		100		
13		100		
14		100		
15		100		
16		100		
17		100		
18		100		
19		100		
20		100		
21		100		
(\$30 USD equivalent)		- 2012(pay with entry fees now)		€25
Totals				

\*\*\* Failure to pay the IWF Masters affiliation fee with your entry fees may result in athletes not being allowed to compete. Nations with 5 or less athletes competing are exempt from this payment. \*\*\*

Country \_\_\_\_\_

National Masters Chairman \_\_\_\_\_ (please print) Signature \_\_\_\_\_

Full Postal Address \_\_\_\_\_

Phone# \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

## METHOD OF PAYMENT (only in € Euros):

### Bank transfer or E-banking to:

NAME OF ACCOUNT HOLDER - D. Offermann as coordinator for IWF Masters Weightlifting Committee

BANK NAME National Bank of Greece (Cyprus)

BANK ADDRESS Latsia Branch, 2231 Latsia, Cyprus

BIC ETHNCY2N

BANK ACCOUNT NUMBER 5285372262

IBAN No. CY040006005280000005285372262

Please include the name of the Nation or the sender.

\*\*\* VERY IMPORTANT \*\*\*

**It is very important to inform your "sending bank" that all transfer fees and banking fees must be paid by you and no extra charges will fall due to the Organiser.**

The above bank details are the details of the bank for the IWF Masters Committee

## For national chairman (or representative) only

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### OFFICIAL TEAM REGISTRATION

Please enter the following team (Men's or Women's) in this IWF-Masters championship. The payment of the entry fee for this event is **€30** and can be paid at accreditation or at the Technical Meeting.

All athletes must have registered officially for this event.

The men's teams consist of 8 lifters and the women's team 7 lifters.

Each nation is only allowed 2 team members competing in the same age group and body weight category.

**NATION**

**Date:**

NATIONAL CHAIRMAN / COACH

Signature

	NAME	B/Wght.	AGE	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

### Reserves:-

1				
2				
3				

## **IMPORTANT INSTRUCTIONS (MUST BE COMPLIED WITH):**

### **1. To National Masters Chairmen/Secretaries:**

- 1) An Entry Form will be made available to each National Chairman or Secretary. It will include all the information necessary, such as official invitation, venue information, travel, Summary of Funds Form, and bank details for the electronic transfer of those funds.
- 2) It is the duty of the National Chairman or Secretary to copy and distribute Entry Forms to all competitors, delegates, and officials. Including the **TUE documentation** or information about it.
- 3) It is the duty of the National Chairman or Secretary to receive all Entry Forms and Fees from the athletes in time to submit them before the Entry deadline date. All Entry Forms must be checked to make sure that they have been correctly completed (correct date of birth, bodyweight category, lifters total, and qualifying standard).
- 4) All completed Entry Forms and the Total Fees must be forwarded (posted) to the competition "Return Address" before the deadline date for the competition.
- 5) All funds for Banquet and Entry Fees must be received at the same time. All fees must be in the currency stated on the Entry Form. These fees are not refundable.
- 6) Please send all Entry Forms by Registered Mail or obtain Proof of Posting. Please try to ensure that your Postal Authorities date stamp your mailing, if this is possible.

### **2. To Competitors, Delegates, and Officials:**

- 1) Complete your Entry Form pages 1,2, and 4. Leave nothing blank.
- 2) Be sure to return this Entry Form to your National Chairman or Secretary well before the deadline for entries so that you can be included in the competition.
- 3) Do not return this Entry Form to the Championships Organizers yourself. (If you do, you may not be allowed to compete). Your Entry Form and Fees must be submitted by your National Masters Association.
- 4) You must submit your Entry Fee and Banquet Fee (if applicable) with your Entry Form.
- 5) All competitors are responsible for having health insurance for themselves (personal insurance or through their National Association).
- 6) All competitors must be registered Master lifters with their respective National Masters Weightlifting Association.
- 7) You must comply with instructions regarding Qualifying Totals and also for Minimum Starting Attempts for your age and bodyweight category. **See Masters Rulebook.**
- 8) Incomplete Entry Forms will not be accepted by the IWF Masters. It is your responsibility to be able to document that you have submitted your Entry Form and Fees correctly.
- 9) Competitors who fail to make a successful snatch are **not** allowed to continue in the clean and jerk competition.
- 10) By signing your Entry Form you agree to accept the rules of the IWF Masters. No exceptions will be made for special issues of Nationality, Race, Gender, Religion, or Politics. Poor sportsmanship and behavior that will impact adversely on the IWF Masters will not be accepted.
- 11) National Masters Chairman must pay the annual IWF Masters affiliation fee in advance of the championship and included with the entry fees. Failure to pay may result in athletes not being allowed to compete. Nations with 5 or less competitors in a championship are exempt from payment of the affiliation fee.

# QUALIFYING TOTALS FOR 2011 IWF-WORLD MASTERS CHAMPIONSHIPS

Lviv, Ukraine. 15<sup>th</sup> – 22<sup>nd</sup> September 2012

## Qualifying Standards for MEN:

Age Group	M35	M40	M45	M50	M55	M60	M65	M70	M75	M80
Category	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
56 kg	155	147	140	130	115	105	92	75	67	55
62 kg	172	162	155	142	127	117	102	82	75	55
69 kg	187	177	170	157	140	127	112	90	82	60
77 kg	202	192	185	170	152	137	120	97	87	65
85 kg	215	205	195	180	162	147	127	102	95	70
94 kg	227	215	205	190	170	155	135	107	97	72
105 kg	237	225	212	197	177	160	140	112	102	77
+105 kg	245	232	222	205	182	167	145	117	107	80

(The above minimum totals qualify men to be considered for the 2012 IWF World Masters Championships. Minimum weight allowed on the barbell for men is 26 kg.)

1. Team points will be earned only an by athlete whose performance equals or exceeds the qualifying total corresponding to the age group and body weight class in which that athlete competed. For example, suppose a 40 year old, 105 kg man totals 222 kg but wins the silver medal. He will not earn team points for his team, although he finished second in the competition, because he did not achieve the qualifying total for his age group and body weight class.
2. All athletes must achieve the qualifying total for the age/body weight category in which they will compete at the 2012 IWF World Masters Championships. He must meet or exceed the qualifying total during the period that began 6<sup>th</sup> November 2011 and ends June 1<sup>st</sup> 2012.
3. At the Men's 2012 IWF Masters World Championships, no one will be allowed to start in the competition unless his first attempt Snatch plus his first attempt Clean and Jerk equals or is greater than a total **15 kilograms** below the Qualifying Standards (as summarized in the **Lowest Starting Attempts Total** table below).

Age Group	M35	M40	M45	M50	M55	M60	M65	M70	M75	M80
Category	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
56 kg	140	132	125	115	100	90	77	60	55	55
62 kg	157	147	140	127	112	102	87	67	60	55
69 kg	172	162	155	142	125	112	97	75	67	55
77 kg	187	177	170	155	137	122	105	82	72	55
85 kg	200	190	180	165	147	132	112	87	80	55
94 kg	212	200	190	175	155	140	120	92	82	57
105 kg	222	210	197	182	162	145	125	97	87	62
+105 kg	230	217	207	190	167	152	130	112	92	65



**Qualifying Standards for WOMEN:**

Age Group	W35	W40	W45	W50	W55	W60	W65	W70
Category	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
48 kg	82	80	72	67	60	55	50	46
53 kg	90	85	77	72	65	57	52	48
58 kg	95	90	82	75	67	62	55	50
63 kg	100	95	85	77	70	65	57	53
69 kg	102	97	90	82	75	67	60	56
75 kg	107	100	92	85	77	70	62	58
+75 kg	112	105	97	90	82	72	65	61

(The above minimum totals qualify women to be considered for the 2012 19<sup>th</sup> IWF World Masters Championships for women. Minimum weight allowed on the barbell for women is 21 kg.)

1. Team points will be earned only an by athlete whose performance equals or exceeds the qualifying total corresponding to the age group and body weight class in which that athlete competed. For example, suppose a 40 year old, 63 kg woman totals 92 kg but wins the silver medal. She will not earn team points for her team, although she finished second in the competition, because she did not achieve the qualifying total for her age group and body weight class.
2. All athletes must achieve the qualifying total for the age/body weight category in which they will compete at the 2012 IWF World Masters Championships. She must meet or exceed the qualifying total during the period that began 6<sup>th</sup> November 2011 and ends June 1<sup>st</sup>, 2012.
3. At the Women's 2012 IWF Masters World Championships, no one will be allowed to start in the competition unless her first attempt Snatch plus her first attempt Clean and Jerk equals or is greater than a total **10 kilograms** below the Qualifying Standards (as summarized in the **Lowest Starting Attempts Total** table below).

Age Group	W35	W40	W45	W50	W55	W60	W65	W70
Category	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
48 kg	72	70	62	57	50	45	45	45
53 kg	80	75	67	62	55	47	45	45
58 kg	85	80	72	65	57	52	45	45
63 kg	90	85	75	67	60	55	47	45
69 kg	92	87	80	72	65	57	50	45
75 kg	97	90	82	75	67	60	52	45
+75 kg	102	95	87	80	72	62	55	45

**TABLE OF AGE GROUPS AND CORRESPONDING YEARS OF BIRTH**  
(Men and Women)  
**Age Groups**

Age Range	Year of Birth	Age Group	Age Range	Year of Birth	Age Group
35-39	1973-77	M&W35	65-69	1943-47	M65
40-44	1968-72	M&W40	70+	1942	W70
45-49	1963-67	M&W45	70-74	1938-42	M70
50-54	1958-62	M&W50	75-79	1933-37	M75
55-59	1953-57	M&W55	80+	1932 -	M80
60-64	1948-52	M&W60			

## Medical Information

Since the 2004 World Championships in Baden, Austria, the IWF Masters has encouraged athletes to share their medical information with our medical team. In the past it has been included with the registration packet. This form was developed purely to assist the medical personnel in the event of an injury, sickness or emergency of an athlete, official, or coach. It must be completed in **ENGLISH** but it can be filled out by the athlete, athlete's representative, or physician.

This questionnaire is **strictly confidential** and will be used by the IWF Masters medical team in case of injury/illness during the competition. This form will NOT be used to qualify or disqualify a lifter in terms of their health status or be used by anti-doping. All lifters are recommended to see their own personal physician to address their health status prior to engaging in a world competition.

**This form will be destroyed at the end of the competition!**

The athlete **MUST** do either

- 1) **OPTION 1:** Fill out the attached Medical Information Form (MIF) (*preferred*) **OR**
- 2) **OPTION 2:** Sign the waiver in the MIF refusing to share their medical information with the competition's medical provider.

One of the two options **MUST** (*mandatory*) be returned along with the athlete's registration to their country's national chairman.

The National Masters Chairman may do one of two things with the forms he/she has collected from all competitors.

- 1) Mail the documents (both MIF and declinations) with the registration forms to the meet organizer, who will then turn them over the meet Medical Director on the first day of the competition.
- 2) Carry all their country's MIF's and declinations to the competition and personally deliver them to the Medical Director on the first day of the competition.

***No registration will be accepted unless one of the two options has been completed!***

Country: \_\_\_\_\_

**2012 IWF Masters**  
**Medical Information Form**

**fill out in English**  
**May be filled out by Lifter, Lifter's representative or Physician**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:**(in Sept 2010)\_\_\_\_\_ years  
*Last name First Name Month/Day/Year*

**Home Address:** \_\_\_\_\_  
*Street City State/Province Country*

**Telephone number:** \_\_\_\_\_ **Date of Last Exam by Physician:** \_\_\_\_\_

**What languages do you speak? :** \_\_\_\_\_

**OPTION 1**

**CURRENT MEDICATIONS:** (list with current dosage):

1)	3)	5)
2)	4)	6)

**ALLERGIES:** \_\_\_\_\_

**PAST SURGERY:** (year & types of all surgeries)

1)	3)	5)
2)	4)	6)

**PAST & CURRENT MEDICAL PROBLEMS:** (list year occurred)

1)	3)	5)
2)	4)	6)

Please answer the following questions:

1) **Do you smoke Tobacco?** Yes No (*circle one*)

If yes: A) How many years have you smoked? \_\_\_\_\_ years  
B) How many cigars/cigarettes/pipes do you smoke a day? \_\_\_\_\_ /day

2) **Do you have Diabetes (high blood sugar) ?** Yes No (*circle one*)

If yes: A) What year were you diagnosed?  
B) How is it controlled? (*circle all that apply*)  
*Diet Oral Medication Sub-coetaneous Insulin Insulin pump Not controlled*

3) **Do you have Heart trouble?** Yes No (*circle one*)

If yes: A) Have you had a heart attack (myocardial infarction)? Yes No (*circle one*)  
If yes: Date \_\_\_\_\_ Did you have surgery? Yes No (*circle one*)

4) **Have you ever had a stroke (cerebral vascular accident)?** Yes No (*circle one*)

If yes: A) Date of Stroke: \_\_\_\_\_ Any persisting symptoms? \_\_\_\_\_

5) **Have you ever dislocated your shoulder or elbow?** Yes No (*circle one*)

If yes: A) Year(s) that dislocations occurred? \_\_\_\_\_  
B) Did you have surgery? Yes No (*circle one*)

Please sign stating the above information is correct to the best of your knowledge.

Name of person filling out this form: \_\_\_\_\_

**OPTION 2: Refuse to Submit Medical Information form**

*I decline filling out the medical information form and realize that by choosing not to share my health information it may impair my potential treatment by medical personnel if injured or ill at the competition.*

Signature of athlete: \_\_\_\_\_ date \_\_\_\_\_

## **THERAPEUTIC/INADVERTENT USAGE OF BANNED SUBSTANCES**

Participants subjected to drug testing who give an adverse analytical finding for the use of a banned substance or substances, and who have a medical certificate issued to them by a qualified medical practitioner may:

1. Refer the medical certificate to the appointed Anti-Doping Commission hearing.
2. Provide additional verifying facts and information that may support the particulars in the medical certificate and substantiate the use of such banned substance or substances by the participant for therapeutic and/or medical purposes only.

**The IWF Masters Anti Doping Sub Committee expect all participants selected for drug testing who are using therapeutic medicine to submit an IWF Masters TUE Form (see form attached) and a medical certificate from their doctor to the Doping Control Officer at the time of the test.**

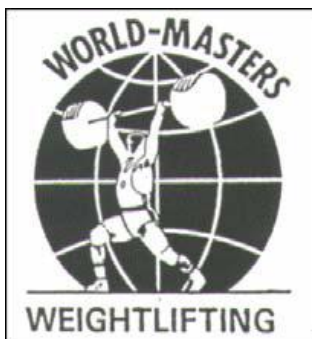
The IWF Masters Anti-Doping Sub Committee may at its discretion seek the advice and assistance of the appointed qualified medical practitioner to enable a decision to be reached in the hearing. Where therapeutic/inadvertent use of a banned substance or substances is proven, the IWF Masters Anti-Doping Commission may:

1. take no further action,
2. provide counseling and take no additional action, or
3. impose a suitable sanction.

**Note: The refusal by a participant to provide a sample will make any medical certificate inadmissible.**

## **EDUCATION:**

The IWF Masters will promote the education of Masters participants with regard to drugs in Sports. In particular, the IWF Masters will affirm that no one should cease taking prescribed medication to compete in any IWF Masters sanctioned event unless their personal physician recommends they cease the medication.



# IWF-Masters Anti-Doping Committee

## Therapeutic Use Exemptions

**TUE - 2012**

Appendix 1

**Please complete all sections, both sides, in capital letters or typing**

### 1. ATHLETE INFORMATION:

Surname (Family Name): .....

Given Names: .....

Date of Birth (d/m/y): ..... Female ☐ Male ☐

Street Address: .....

City: ..... State/Province: ..... Country: .....

Postal-code: ..... Telephone: (country code) .....

E-mail: .....@.....

National Sport Organization: Name, Address, & e-mail:

.....  
.....

### 2. MEDICAL INFORMATION:

Diagnosis with sufficient medical information (see Note: next section):

.....  
.....  
.....  
.....

If there are any "permitted medication/s" that are indicated, or being used, in the treatment of this type of medical condition, provide clinical justification for the requested use of the "prohibited" medication.

.....  
.....  
.....

#### **NOTE: Diagnosis**

Evidence confirming the diagnosis **must be attached and forwarded with this application**. The medical evidence should 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. Evidence should be as objective as possible in the clinical circumstances and in the case of non-demonstrable conditions independent supporting medical opinion will assist this application.

**3. MEDICATION DETAILS:**      *Generic Name -- mandatory*

Prohibited substance(s)	Dose	Route	Frequency

<b>Intended duration of treatment:</b> <i>(Please tick appropriate box)</i>	Once only <input type="checkbox"/> Emergency <input type="checkbox"/> Ongoing Duration <input type="checkbox"/> <i>state length:</i> <i>(week/s—month/s): .....start date: .....</i>
--	---

<b>Have you previously submitted any TUE applications?:</b> yes <input type="checkbox"/> no <input type="checkbox"/> Which substance(s)?  .....To whom?.....When?.....Approved <input type="checkbox"/> Not approved <input type="checkbox"/>  .....To whom?.....When?.....Approved <input type="checkbox"/> Not approved <input type="checkbox"/>
---

**4. MEDICAL PRACTITIONER'S DECLARATION: (Please attach page from prescription pad)**

I certify that the above-mentioned treatment is medically appropriate/necessary and that the use of alternative medication, that is not on the prohibited list, would be unsatisfactory for this condition.

**Name:**.....

**Medical Specialty:** ..... **DEGREE**.....

**Address:** .....

**Tel.:** (country code) ..... **Fax:** .....

**E-mail:** .....

**Signature of Medical Practitioner:** ..... **Date:** .....

**5. ATHLETE'S DECLARATION:**

I, ..... certify that the information under section "1." is accurate and that I am requesting approval to use a Substance or Method from the WADA Prohibited List. I authorize the release of personal medical information to the IWF and its representative Anti-Doping Organization/s (ADO) as well as to WADA staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO's under the provisions of the Code. I understand that if I ever wish to revoke the right of these organizations to obtain my health information on my behalf, I must notify my medical practitioner and my ADO/s in writing of that fact.

**Athlete's signature:** ..... **Date:** .....

**Incomplete Applications will be returned and will need to be totally resubmitted.**  
**Please submit the completed form to the applicable ADO and keep a copy for your records.**