



OCB BANNED SUBSTANCE EXEMPTION REQUEST (BSER)

OCB is an all-natural, drug-free organization. Competitors cannot have used any substances listed on the banned substance list during the duration periods specified. To prevent potential cheaters from stepping on stage at OCB contests, participants are required to pass polygraph screenings prior to competitions. In addition to polygraph testing, pro-qualifying placement winners at amateur events, and cash-prize placement winners in pro divisions, must pass a urine test. OCB Pro athletes are also subject to random drug test screening and must comply with requests in order to retain OCB Pro eligibility.

To request a medical exemption for a substance on the OCB banned substance list, please submit the required information, sign and email this form to sulcop96@aol.com for processing. A representative from the OCB will notify you of the decision via email.

ATHLETE INFORMATION

First Name:

Last Name:

Female:

Male:

Date of Birth:

(dd/mm/yyyy)

Address:

City:

State:

Country:

Zip:

Phone:

E-mail:

OCB Membership Number:

PREVIOUS REQUESTS

Have you submitted any previous OCB BSER applications for this or other conditions?

Yes No

Substance requested?

Date of request:

Decision: Approved Not approved

MEDICAL INFORMATION

Diagnosis:

Medication:

Prohibited Substance(s)/Method(s) <u>Generic name(s)</u>	Dosage	Route of Administration	Frequency	Duration of Treatment
1.				
2.				
3.				
4.				
5.				

Clinical justification requiring this substance(s) be used to treat medical condition over any non-banned substances:

Upload Prescriptions / Medical evidence:

Evidence confirming the diagnosis shall be attached and forwarded with this application. The medical information must 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.

DECLARATION

I, _____, certify that the information submitted is accurate and complete.

I authorize my physician(s) to release the medical information and records that are necessary to evaluate this exception request.

Athlete's signature:

Date:

Parent's/Guardian's signature:

Date:

(If the Athlete is a Minor or has an impairment preventing them from signing this form, a parent or guardian shall sign on behalf of the Athlete)