



## Transgender Medical Exemption (TME) Form

### Step 1: Read all about Transgender Medical Exemption (TME)

- Before submitting your application please review your requirements and the application process.
- To assist physicians in the thorough review of TMEs, Boxing Canada's medical commission maintains statistics on TME received.

### Step 2: Complete the TME form

- Boxing Canada will accept applications on an ongoing basis and will review request in September at the beginning of the season and in February at the middle of the season.
- All information on the form must be legible (typed or block letters preferred).
- All fields must be properly completed, and the form must be dated and signed by the athlete and the treating physician.
- Illegible and/or incomplete forms will be returned to the athlete unprocessed.
- We encourage the completion electronically

### Step 3: Put together a medical file

The documents should be included in your medical file to support the information provided on the form such as:

- A letter from your physician confirming your medical history and current treatments (If applicable).
- Comprehensive medical history relating to gender reassignment process;
- The results of all relevant objective examinations, laboratory investigations, and imaging studies;
- Independent supporting medical opinion in the case of non-demonstrable (not sure what this mean) conditions; and
- Relevant correspondence between physicians regarding the diagnosis and any relevant prescriptions.

### Step 4: Submit your completed TME application form and medical file

- Mail: Medical Services, Boxing Canada, 500, boulevard René-Lévesque Ouest, Montréal (Québec), H2Z 1W7.

#### Please note:

- Boxing Canada will confirm receipt of your TME application by email within two business days. If you do not receive a confirmation of receipt within that time frame, please contact the Boxing Canada.
- The Boxing Canada will contact you once a decision has been rendered on the application, or if more information has been deemed necessary.
- A list of the dates of the scheduled TME review can be found on the Boxing Canada website.
- Incomplete applications will be returned and will need to be resubmitted with further information.
- Keep a copy of your application form and medical file for your records.
- Medical costs incurred for the completion of the TME form or additional investigations, examinations, or imaging studies are the responsibility of the athlete.
- Boxing Canada will charge to the athlete a fee of 150\$ for the review of the medical exemption.

# Transgender Medical Exemption (TME) Form

Send completed forms to the Boxing Canada medical services by Mail: Attn: Medical Services, Boxing Canada, 500, boulevard René-Lévesque Ouest, Montréal (Québec), H2Z 1W7.

Please complete all sections clearly in block letters or type. Keep a copy for your records.

## 1. Athlete Information

Surname:		Given Name(s):	
Gender Identity:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth (dd/mm/yyyy):	dd / mm / yyyy
Pronouns:		Preferred method of communication:	Email <input type="checkbox"/> Canada Post <input type="checkbox"/>
Email Address:			
Mailing Address:			
City:		Province/State:	
Country:		Postal Code:	
Telephone:		Boxing Club	
Age group:		Weight class:	
Are you or do you plan to compete in boxing on the Local, Provincial, National or international level ?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>		
If you know you will be competing at an international event, enter the event name and date:			
If you are an athlete with an impairment, indicate the impairment:			
Have you submitted any previous TME application(s)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
For which Year was your last submission?			
Has there been any changes to your medical treatment or transgender status?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
To which federation was it submitted?			
Decision:	Approved <input type="checkbox"/>		Not approved <input type="checkbox"/>

**2. Medical Information** (To be completed by your physician)

Was a gender reassignment performed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reassignment was performed to what sex	Reassigned to female <input type="checkbox"/>	Reassigned to male <input type="checkbox"/>
Reassignment was completed on what date, dd/mm/yyyy,:	dd / mm / yyyy	
Is athlete receiving any medication (list below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is Athlete receiving stable therapy to adequately sustain their gender reassignment for at least 12 months prior to this request	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**3. Medication Details** (To be completed by your physician)

Current and past treatments for reassignment(s): Generic name	Dose	Route of Administration	Frequency of Administration	Start of Treatment	Stop of Treatment
Enter all that apply	e.g., 200 mg	e.g., oral, local injection	e.g., BID, QID	dd-MMM-yy	dd-MMM-yy
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

**\*Please append any other relevant supporting documents such as; medical notes from specialist, discharge summary, operative reports, laboratory report that would assist in the adjudication of this request**

**Other comments**

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**4. Physician's Declaration (To be completed by your physician)**

I certify that the information in sections 2 and 3 above is accurate. I acknowledge and agree that my personal information may be used by Boxing Canada to contact me regarding this Transgender Medical Exemption, to verify the professional assessment in connection with this TME process, or in connection with issues relating to this TME investigations or proceedings. I further acknowledge and agree that my personal information will be uploaded to Boxing Canada's files

Surname:		Given Name(s):	
Medical Specialty:			
Address:			
City:		Province/state:	
Country:		Postal Code:	
Telephone:		Email Address:	
Signature:		Date (dd/mm/yyyy):	dd / mm / yyyy

## 5. Consent to sharing information

I, \_\_\_\_\_ authorize boxing Canada share my medical information associated with my Transgender Medical Exemption with medical personnel of Boxing Canada and any a third party necessary in the adjudication of this exemption request. I Understand that Boxing Canada may contact my treating physician should more information be required or to provide an update on the status of my application.

## 6. Athlete's Declaration

I, \_\_\_\_\_, certify that the information set out in this form is accurate and I am requesting Transgender Medical Exemption. I authorize the release of personal health information to the medical committee of Boxing Canada and to authorized staff that may require access to this information for the treatment of this request. I consent to my physician(s) releasing any personal information or personal health information that they deem necessary in order to consider and determine my exemption.

I understand and accept that the recipients of my personal health information and of the decision on this application may be located outside the province or 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 authorize Boxing Canada to use or distribute my personal health information to any province or country as required for the purpose of participation to a sanctioned competition.

I understand that my information will only be used for evaluating my TME request. I understand that if I ever wish to (1) obtain more information about the use of my personal or personal health information; (2) exercise my right of access and correction; or (3) revoke the right of these organizations to obtain my health information, I must notify my medical practitioner and my ADO in writing of that fact. I understand and agree that it may be necessary for TME-related information submitted prior to revoking my consent to be retained for the sole purpose of establishing possible modification to transgender policy

I consent to the decision on this application being made available to all other federation or other sport organization is this information is necessary for my participation to the event.

I understand that if I believe that my Personal Information is not used in conformity with this consent and the International Standard for the Protection of Privacy and Personal Information, I can file a complaint with Boxing Canada.

Check the box to authorize the release of personal health information

- I authorize the release of my personal health information to members of the Health Care Team attending Major Games where I may participate, to my Team Physician, and to my national sport organization
- I do not wish to have this information shared with anyone but the members of this committee for the explicit evaluation of this request.

Athlete's Signature:		Date (dd/mm/yyyy):	dd / mm / yyyy
<i>(If the athlete is a minor or has an impairment preventing him/her from signing this form, a parent or guardian is to sign together with, or on behalf of, the athlete.)</i>			
Surname:		Given Name(s):	
Parent/Guardian's signature:		Date (dd/mm/yyyy):	dd / mm / yyyy