

CONFIRMATION STATEMENT

MEDICAL PROFESSIONAL DECLARATION

Name of Medical Professional:

Surgery/hospital/other:

I am writing to The Football Association in respect of the individual referred to at the end of this statement. I confirm that as at the date below:

1. this individual's level of circulating testosterone is in the normal adult male range (7.7 to 29.4 nmol/L); and
2. there is no medical reason why they should not play competitive football with and against adult biological males.

Signed by medical professional: _____

Date: _____

PLAYER DECLARATION

I am a biological female whose gender identity is male or non-binary who would like to compete in open age Matches and Competitions that are reserved for men. I confirm that:

1. I have been advised by a Medical Professional as set out above.
2. I will maintain my testosterone level in the normal adult male range (7.7 to 29.4 nmol/L) for so long as I compete in open age Matches and Competitions that are reserved for men.
3. I am aware of The FA's Anti-Doping Regulations and the requirements they contain in relation to my use of testosterone, including the requirement, at certain levels of competition, to obtain a therapeutic use exemption prior to starting treatment.
4. I understand that: (a) there are physiological and performance differences between adult biological females and adult biological males; (b) as a result adult biological females have a greater risk of injury when playing against adult biological males than when playing against adult biological females; and (c) my treatment will not fully alleviate those differences and consequential increased safety risks.

Name:

FAN Number:

Club(s):

League(s) above clubs play in:

Signed by individual player: _____

Date: _____