

Anti-Doping Organization:
Approval No:

CERTIFICATE OF APPROVAL FOR THERAPEUTIC USE

The athlete has received approval for the use of the prohibited substance(s) listed below under the conditions stipulated in this document.

Athlete Details

Title:
Surname: Given Names:
Date of Birth: Sport:

Prohibited Substance(s):
Dose and method of administration: /
.....
Duration of approval:
Approval expiry date
Any specific conditions attached to this approval:
.....
.....
.....

Attention athlete: The dose, method and frequency of administration as prescribed by your physician have to be followed meticulously!

Authorization by Anti-Doping Organization

Name: Pr./Dr. X
Signature:
Phone number:

Date:

ATTENTION ATHLETE

**Please carry a copy of this form with you at all times.
This form should be presented to the doping control officer at the time
of testing.**