



**Anti-Doping Organization  
Approval No:**

**MEDICAL CERTIFICATE OF APPROVAL FOR THERAPEUTIC USE**

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

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

**Chairman of the Medical Commission.**

Name:

Signature:

Date: