



Appendix B

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: