



World Masters Athletics

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	APPROVAL N°
Surname:	Given Names:
Nationality:	Date of birth:

Prohibited Substance(s):
Dose and method of administration:
Duration of approval:
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!

Authorisation by WMA

Name: Dr. Pier Luigi Fiorella
(on behalf of Anti-Doping & Medical Committee)

Date:

Signature:

ATTENTION ATHLETE

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