



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 (mm/dd/yyyy)
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 World Masters Athletics (WMA)

Name Dr. Pier Luigi Fiorella

Date

Signature

ATTENTION ATHLETE
Please carry copy of this Certificate with you at all times.
This Certificate should be presented to the Doping Control Officer at the time of testing.

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