

Note: Please send the completed form by email to the below contact details.

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| MEDICATION DECLARATION FORM | Please return by 20 October 2022 | to |
| Name of NPC |  | Phone Number: | Ms. Maha Fadl Mobile: +971582090512E-mail:Maha.Fadl@wsps.ae |
| Contact Person |  |
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|  |
| Email Address |  |  |

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| No | Athletes | Medication Name | Dosage | Frequency per day | Drug Class(Pain killer, depressant, etc.) |
| Family Name | First Name |
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