Diagram

Description automatically generated

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: +971582090512  E-mail:Maha.Fadl@wsps.ae |
| Contact Person |  |
|  |  |
|  |
| 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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