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

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| MEDICATION DECLARATION FORM | Please return by 09 January 2017 | to |
| Name of NPC |  | Phone Number:  | Ms. Rita Bou Eid KfouryPhone: +971-3-7026407Fax: +971-3-7683331Mobile: +971-56-6900414E-mail: alainwc@aesgc.ae  |
| Contact Person |  |
| Fax Number: |
| 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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