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 Kfoury  Phone: +971-3-7026407  Fax: +971-3-7683331  Mobile: +971-56-6900414  E-mail: [alainwc@aesgc.ae](mailto: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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