



## 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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