

Treatment Information

(voluntary information about permitted* substances
- for presentation at doping controls only)

Mr. / Mrs. / Ms. _____

Date of Birth _____

Date of Application _____

Applied pharmaceutical(s) / route of administration:

1. _____

2. _____

3. _____

Date, Signature / Stamp of attending physician / medical doctor

(*Prohibited substances or prohibited methods require a TUE = Therapeutic Use
Exemption prior to the use)

Check your medication at **www.nadamed.de** – German pharmaceuticals only

Check your nutritional supplement at **www.koelnerliste.com** – in German only