**Medication Inquiry Form**

(To be completed by the Federation ‘s Doctor)

If an athlete requires the use of any medication, please verify whether it is prohibited or not and take the necessary actions to ensure compliance with anti-doping regulations. This form should be officially submitted with a formal request form the respective sports federation.

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| Athlete’ s Name: |  |
| Federation: |  |
| Trad Name of the Medication: |  |
| Scientific Name of the Medication: |  |
| Route of Administration: |  |
| Dosage and Frequency: |  |
| Diagnosis: |  |
| Additional Notes: |  |