

| COUNTRY: Iceland entering the country (date: 2 November 2017) | | |
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| Documentation required (i.e. issued/endorsed by medical practitioner or authorized health authority) | Restrictions (i.e qualitative and/or quantitative) | National Competent Authority (to be contacted for more detailed information) |
| | Days / Quantities/Doses | |
| a) Valid medicinal prescription <input checked="" type="checkbox"/> ¹ | Narcotic drugs <input type="checkbox"/> ^{2*} | Icelandic Medicine Agency Vínlandsleið 14 113 Reykjavik Iceland Tel: (354)-520-2100 Fax: (354)-561-2170 e-mail: ima@ima.is |
| b) Doctor's certificate endorsed by the health authorities of the country of residence <input type="checkbox"/> | Psychotropic substances <input type="checkbox"/> ^{2*} | |
| c) Certificate issued by the health authorities of the country of destination <input type="checkbox"/> | List of prohibited substances. If yes, please specify _____ Art. 6 of the Narcotics Act (72 narcotic drug substances). _____ _____ | |
| d) Presentation of the original prescription at the Customs of the country of destination <input checked="" type="checkbox"/> ¹ | | |
| e) Other kind of documents, if yes, please indicate <input checked="" type="checkbox"/> ¹ _____ | Other information 2*resident from a country within the Schengen area can bring 30 days use, resident from outside the Schengen area 14 days use | |
| 1*An individual must be able to produce a physician 's certificate, a prescription or other written declaration, together with instructions for use, which provide satisfactory proof that the medicinal products have been acquired by legitimate means and that they are necessary to the individual in the amount specified ____ | | |

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| a) Valid medical prescription <input type="checkbox"/> | Days / Quantities/Doses | Name: Icelandic Medicine Agency Address: Vinlandsleid 14 113 Reykjavik Iceland Tel.: +354-520-2100 Fax: +354-561-2170 e-mail: ima@ima.is |
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| e) Other kind of documents, if yes, please indicate <input type="checkbox"/> | List of prohibited substances. If yes, please specify | |
| ___There is no documentation needed when you leave Iceland _____ _____ | _____ _____ Other information There is no restrictions when you leave Iceland | |