

Country: Qatar (date: 10 November 2013)								
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)						
a) Valid medical prescription <input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Days</th> <th style="width: 50%; text-align: center;">Quantities/Doses</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Narcotic drugs</td> <td style="text-align: center;"><input type="checkbox"/> 10 days</td> </tr> <tr> <td style="text-align: center;">Psychotropic substances</td> <td style="text-align: center;"><input type="checkbox"/> 60 days</td> </tr> </tbody> </table>	Days	Quantities/Doses	Narcotic drugs	<input type="checkbox"/> 10 days	Psychotropic substances	<input type="checkbox"/> 60 days	Name: Dr. Aisha Ibrahim Al Ansari Address: P. O. Box 1919 Doha Qatar Tel.: +974 44313900 Fax: +974 44425399 e-mail: aalansari4@sch.gov.qa
Days	Quantities/Doses							
Narcotic drugs	<input type="checkbox"/> 10 days							
Psychotropic substances	<input type="checkbox"/> 60 days							
b) Doctor's certificate endorsed by the health authorities of the country of residence <input type="checkbox"/>								
c) Certificate issued by the health authorities of the country of destination <input checked="" type="checkbox"/>								
d) Presentation of the original prescription at the Customs of the country of destination <input type="checkbox"/>	List of prohibited substances. If yes, please specify _____ _____							
e) Other kind of documents, if yes, please indicate _____ _____	Other information _____ _____							