

### Israel (19 September 2007)

| Documentation required<br>(i.e. issued/endorsed by medical practitioner or<br>authorized health authority)                                                    | Restrictions<br>(i.e qualitative and/or quantitative)                                                                                                         | National Competent Authority<br>(to be contacted for more detailed<br>information)                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a)Valid medical prescription <input checked="" type="checkbox"/>                                                                                              | Days / Quantities/Doses                                                                                                                                       | The Pharmaceutical Administration<br>Ministry of Health<br>29 Rivka Street<br>P.O. Box 1176<br>Jerusalem 91010<br>Tel.: (972) 2- 568 1215 / 568 1344<br>Fax: (972) 2-5681487<br><b>e-mail: israel.fitosi@moh.health.gov.il</b><br><br>Web: <a href="http://www.health.gov.il/drugs">www.health.gov.il/drugs</a> |
| b)Doctor's certificate endorsed by the health authorities of<br>the country of residence <input checked="" type="checkbox"/>                                  | Narcotic drugs<br><input type="text" value="31 days"/>                                                                                                        |                                                                                                                                                                                                                                                                                                                 |
| c)Certificate issued by the health authorities of the country<br>of destination <input checked="" type="checkbox"/>                                           | Psychotropic<br>substances<br><input type="text" value="31 days"/>                                                                                            |                                                                                                                                                                                                                                                                                                                 |
| d)Presentation of the original prescription at the Customs of<br>the country of destination <input checked="" type="checkbox"/>                               | List of prohibited substances. If yes,<br>please specify                                                                                                      |                                                                                                                                                                                                                                                                                                                 |
| e)Other kind of documents, if yes, please indicate <input type="checkbox"/>                                                                                   | <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> |                                                                                                                                                                                                                                                                                                                 |
| <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> | Other information                                                                                                                                             |                                                                                                                                                                                                                                                                                                                 |