**Country:** United Arab Emirates  
**(date: 24 June 2024)**

<table>
<thead>
<tr>
<th>Documentation required</th>
<th>Restrictions</th>
<th>National Competent Authority (to be contacted for more detailed information)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(i.e. issued/endorsed by medical practitioner or authorized health authority)</strong></td>
<td><strong>(i.e qualitative and/or quantitative)</strong></td>
<td></td>
</tr>
</tbody>
</table>
| a) Valid medical prescription | Days / Quantities/Doses | Name: Ministry of Health and Prevention  
Address: Muhaisinah 2, Dubai, UAE  
Tel.: +971 4 2301000  
Fax: e-mail: ruqaya.a@mohap.gov.ae |
| b) Doctor’s certificate endorsed by the health authorities of the country of residence | Narcotic drugs  
| | Quantity for the period of stay or a maximum three months use whichever is less.  
| | Psychotropic substances  
| | Quantity for the period of stay or a maximum three months use whichever is less.  
| | List of prohibited substances. If yes, please specify  
| | Other information |
| c) Certificate issued by the health authorities of the country of destination | |
| d) Presentation of the original prescription at the Customs of the country of destination | |
| e) Other kind of documents, if yes, please indicate | |

**Valid Medical report in case prescription is not available**