



# Patient's pharmaceutical compass

*knowledge of medicines closer to you* .....

**Transport of controlled  
medicines for personal use**



[www.gov.pl/gif](http://www.gov.pl/gif)

This guide was developed by experts from the Chief Pharmaceutical Inspectorate. This is its first edition. The guide for educational and informational purposes only. It does not replace applicable laws.

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Chief Pharmaceutical Inspectorate,  
ul. Senatorska 12  
00-082 Warszawa  
[www.gov.pl/gif](http://www.gov.pl/gif)

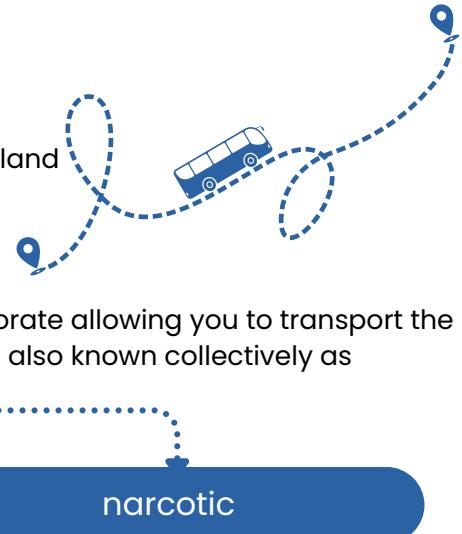
## 1

# WHEN DO YOU NEED OFFICIAL DOCUMENTS TO TRAVEL WITH MEDICINES?

If you wish to travel abroad with medications, check:



what and in what quantities may be freely taken out of Poland



A document has to be obtained from the Pharmaceutical Inspectorate allowing you to transport the medicine if it contains narcotic drugs or psychotropic substances, also known collectively as **“controlled substances”**.

psychotropic

narcotic

Many drugs used in neurology and psychiatry affect the brain, nervous system and psyche, i.e. mood, thinking, emotions and behaviour. However, not all such drugs are classified as narcotics or psychotropic substances under Polish law. These do not include antidepressants and antianxiety drugs (e.g. sertraline, paroxetine, fluoxetine, citalopram, venlafaxine), anti-epileptics and central analgesics (e.g. pregabalin, gabapentin), antipsychotics (e.g. quetiapine) and certain antihistamines and anti-emetics (e.g. hydroxyzine, metoclopramide).



Only substances listed in official registers are considered controlled substances due to the risk of addiction or potential for abuse (more on page 3).

## 2

# WHAT CAN YOU LEARN FROM THIS GUIDE?

When travelling with controlled medicines, it is worth knowing the basic rules for transporting them in order to avoid problems at the border and during customs checks. This guide contains the most important information to help you prepare for the safe transport of such medicines.

- How can you check whether a medicine contains narcotic or psychotropic substances?
- Who issues the document authorising the transport of controlled medicines?
- On what basis is such a document issued?
- How can you apply for it?
- How long does it take to issue the document?
- How long is the document valid for?
- How much is the application fee?
- What does the document issued by the authority entitle you to?
- How can I check whether I can bring the medicine into the destination country?
- How to properly transport controlled medicines?

## 3

## HOW TO CHECK IF A MEDICINE CONTAINS A PSYCHOTROPIC OR INTOXICATING SUBSTANCE?

Read the name of the active substance first. You can find it on the packaging, in the leaflet or in the Register of Medicinal Products. After that, ensure that it is included in the list of controlled substances contained in the ordinance of the Minister of Health.

**An active substance** is the component of a medicine that works, i.e. treats, alleviates symptoms or prevents disease.

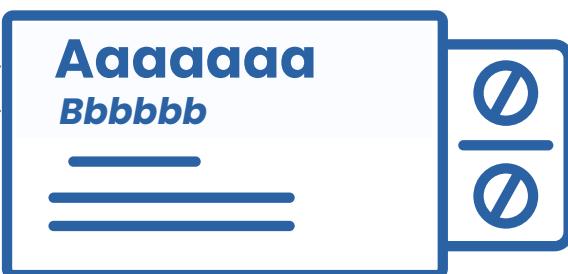
- Regardless of the manufacturer, the name of the active substance is always the same – it is known as the common name or international name.
- It is usually written in smaller letters on the packaging, under the trade name.

**The trade name** is the name of a medicine invented by the manufacturer, under which they sell their product.

- It is usually written in capital letters and appears first on the packaging.
- Every company can have its own unique trade name. Medicines with different trade names may contain the same active ingredient.

### MEDICINE PACKAGING

trade name .....  
 commonly used name .....  
 (name of the medicine's active substance)



### PACKAGE INSERT

Item 1. of the insert: "What the medicine is and what it is used for" provides the name of the active substance and the amount contained in one dose of the medicine, for example, a tablet, capsule or sachet.



### REGISTER OF MEDICINAL PRODUCTS

CLICK HERE [rejestry.ezdrowie.gov.pl](http://rejestry.ezdrowie.gov.pl)

Znajdź produkt leczniczy  
**ENTER THE TRADE NAME OF THE MEDICINE HERE**

Nazwa produktu Name of the MP <input type="text" value="Wpisz"/>	Nazwa powszechnie stosowana INN/common name <input type="text" value="Zacznij wpisywać"/>	Postać farmaceutyczna Pharmaceutical form <input type="text" value="Zacznij wpisywać"/>	Numer pozwolenia MA number <input type="text" value="Wpisz"/>
Substancja czynna Active substance <input type="text" value="Zacznij wpisywać"/>	Kod ATC ATC Code <input type="text" value="Wpisz"/>	Numer GTIN GTIN <input type="text" value="Wpisz"/>	Numer zgody Prezesa President's Consent <input type="text" value="Wpisz"/>
Nazwa firmy Company's Name <input type="text" value="Zacznij wpisywać"/>	Rola firmy Company acting as <input type="text" value="Wybierz"/>	Kraj firmy Company's country <input type="text" value="Zacznij wpisywać"/>	Podstawa prawa wniosku Legal basis <input type="text" value="Wybierz..."/>

[Wyczyszczyć kryteria wyszukiwania](#)

[Szukaj](#)

**2 SELECT THE "SEARCH" BUTTON**

**3 CHECK THE RESULTS IN THE "COMMONLY USED NAME" FIELD**

## ORDINANCE OF THE MINISTER OF HEALTH

Check whether the active ingredient in your medicine is included in the list of controlled substances. Relevant information can be found in the Ordinance on the list of psychotropic substances, narcotic drugs and new psychoactive substances.

The current version of the Ordinance and any amendments can be found in the Journal of Laws, which can be accessed via the Internet System of Legal Acts (ISAP). Laws currently in force:

- ordinance of 17 June 2024  the link to the main regulation: [\[CLICK HERE\]](#)
- and the amendment of 30 April 2025  the link to the amendment: [\[CLICK HERE\]](#)

 [isap.sejm.gov.pl](http://isap.sejm.gov.pl)



Ordinance of the Minister of Health  
on the list of psychotropic substances, narcotic drugs  
and new psychoactive substances



**Please note:** the names in the list of controlled substances are given in Polish, and those in the Register of Medicinal Products are in Latin.

**Example:** the Register includes the substance under the name *morphini sulfas* or *morphini hydrochloridum*, that appears as *morphin* in the list.



The table below contains **selected examples of** controlled active substances.

**Note:** do not treat it as a complete list. Always make sure that the substance in question is listed in the applicable ordinance of the Minister of Health.

medical marihuana (hemp plant other than fibre hemp) and all products containing THC  
(e.g. extracts, oils, tinctures, extracts)

alprazolam	phenobarbital	lormetazepam	oxazepam
bromazepam	ketamin	lorazepam	oxycodone
bromazolam	clobazam	medazepam	remifentanil
buprenorphine	clonazepam	methadone	tapentadol
chlordiazepoxide	clorazepate	methylphenidate	temazepam
diazepam	codeine	midazolam	zaleplon
dihydrocodeine	levomethorphan	morphine	zolpidem
estazolam	levorphanol	nalbuphine	zopiclone
eszopiclone	lisdexamfetamine	nitrazepam	
fentanyl			

ANY DOUBTS?

ASK A PHARMACIST OR A DOCTOR!



# 4

## WHO ISSUES THE DOCUMENT AUTHORISING THE TRANSPORT OF MEDICINES?



countries of the European Union  
within the Schengen area

Voivodeship Pharmaceutical Inspector (WIF)

APPLICATION TO WIF

YOU WILL GET

Document authorising intra-Community supply or  
intra-Community acquisition of narcotic drugs or  
psychotropic substances for personal medical use



the rest of the world

Chief Pharmaceutical Inspector (GIF)

APPLICATION TO GIF

YOU WILL GET

Document authorising the import or export of  
narcotic drugs, psychotropic substances or  
category 1 precursors for personal medical use

### WHAT DOES IT MEAN?

**European Union (UE)** is a group of countries that cooperate economically and legally. It includes, e.g. Poland, Germany, France, and Romania.

**The Schengen Area** is a group of countries between which there are no border controls. You can travel without a passport, for example, from Poland to Italy, Greece or Spain.

The table below shows which pharmaceutical inspection office in Poland issues the document required for the transport of medicines containing controlled substances to selected countries. The list includes countries that often raise doubts because, although they belong to the European Union or the Schengen area, they do not always meet both conditions at the same time, or their status has changed recently.

Country	EU member	In the Schengen area	Document issued by
Ireland	YES	NO	GIF
Cyprus	YES	NO	GIF
Bulgaria	YES	YES	WIF
Romania	YES	YES	WIF
Iceland, Norway, Switzerland, Liechtenstein	NO	YES	GIF

## 5

# ON WHAT BASIS DOES THE AUTHORITY ISSUE THE DOCUMENT?

The authority issues the document based on the application and medical documentation confirming the prescription of the controlled medicine. Medical documentation should be **current** (issued no earlier than 120 days before the planned departure date).

In the case of an application to **WIF**, present the **prescription**. E-prescription is available under this link: [pacjent.gov.pl](http://pacjent.gov.pl) in your Online Patient Account (ask directly at the WIF whether the office requires confirmation of prescription fulfilment and in what form).

In the case of an application to **GIF**, present:

- **the prescription**: e-prescription is available under the link: [pacjent.gov.pl](http://pacjent.gov.pl) in the Online Patient Account, or
- **medical certificate** or
- hospital treatment **information card**, or
- another type of **medical documentation** containing your data, data of the doctor, information about the medication including its dosage, doctor's stamp and signature.



If you are transporting more than one medicine containing a controlled substance, remember to submit an application and provide medical documentation for each one.



Application forms can be found on the websites of the Chief Pharmaceutical Inspectorate, Voivodeship Pharmaceutical Inspectorates, and as attachments to this guide

On the website of the Chief Pharmaceutical Inspectorate, look for the application form on the home page or [CLICK HERE](#) Settle official business Information for patients Transport of narcotics and psychotropic substances necessary for medical treatment if crossing the border of the Republic of Poland.

## 6

# HOW CAN YOU SUBMIT AN APPLICATION?

You can submit the original application together with medical documentation:

- on paper, with a handwritten signature: **by post**, by **courier** or **in person** at the Inspectorate office,
- digitally, via **eDoręczenia**.

**Do not submit** an application with the medical documentation by e-mail. The Inspectorate will leave such an application unexamined, meaning it will not deal with your case.



Contact details for the Chief Pharmaceutical Inspectorate and the relevant Voivodeship Pharmaceutical Inspectorates can be found on the websites of the individual inspectorates and at the end of this guide.

## 7

## HOW LONG DOES IT TAKE TO ISSUE THE DOCUMENT?

The Inspectorate has one month to consider the application or two months in particularly complex cases. In practice, applications are processed without undue delay, usually within a few to several working days. Please note that many applications are submitted during festive and holiday periods, and processing times may be longer than usual.

Do not delay in submitting your application. Do it **at least 15 days** before your trip!



Remember! The inspectorate cannot backdate a document.

## 8

## HOW LONG IS THE DOCUMENT VALID FOR?

The document is issued for a specified period **not longer than 30 days**. It only covers the amount of medicine you need for your trip, as indicated by the dosage on your prescription or medical documentation. Your journey may last less than 30 days.

If you plan to stay abroad longer, you may need to consult a doctor in that country. Before you leave, make sure you know what healthcare is like there and what the insurance conditions are. It may also be helpful to bring your medical records with you in the language of your destination country or in English.

## 9

## HOW MUCH IS THE APPLICATION FEE?

You do not pay for submitting the application or for issuing the document. If you submit an application, you only cover the cost of delivering it to the inspectorate.

For someone else to submit the application on your behalf, you must include a power of attorney. The fee for the power of attorney is PLN 17 – please pay it to the Taxpayer Service Centre account:

[CLICK HERE](#) ➔ Chief Pharmaceutical Inspectorate → Contact → Bank Account

You do not have to pay this fee if the representative is your spouse, ascendant (parent, grandparent), descendant (child, grandchild) or sibling.

## 10

## WHAT DOES THE DOCUMENT ISSUED BY THE OFFICE ENTITLE YOU TO?



The document issued by the Inspectorate allows the medicine to be transported for personal use **while travelling**.

**It does not allow the dispatch of medicines abroad by post or courier.**

**It is not possible to send medicine** (including medicine containing controlled substances) beyond Poland or to Poland by post or courier. The Inspectorate issues the document only to persons who are transporting the medicine across the border themselves, for their own use, in order to continue treatment during their journey and stay in another country. It is not possible to issue a document for someone else.

**Note:** The Pharmaceutical Inspectorate does not issue consents or certificates that would allow you to collect a parcel with medicines detained by customs services!

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## HOW CAN I CHECK IF I CAN BRING MEDICATION INTO MY DESTINATION COUNTRY?



Polish law does not apply in other countries and is not binding on foreign border and customs services. Some countries have very strict anti-drug laws. Medicines containing substances that are not controlled in Poland, such as tramadol, may be prohibited without obtaining special permission. This is primarily the case in countries outside the European Union and the Schengen area.



The document issued by the Chief Pharmaceutical Inspector only allows you to cross the Polish border with the medicine. This does not mean that you are allowed to cross the border of another country with the medicine.

The country you are travelling to or from where you wish to travel to Poland may have different regulations. Therefore, before travelling, check whether you can legally and safely cross the border with medicines in your luggage. It is best to contact the embassy or consulate of that country or the Polish representative office abroad.

Before travelling outside the European Union and the Schengen area, check the regulations of the country you are about to visit – you can find information on the website of the Ministry of Foreign Affairs.

[CLICK HERE](#) Ministry of Foreign Affairs ➔ What we do ➔ Information for travellers

If your medicine contains a substance that is not controlled in Poland but is controlled or prohibited in the country you are travelling to, do not apply for the document in Poland. Neither the Chief Pharmaceutical Inspector nor the Voivodeship Pharmaceutical Inspector have the authority to issue a document for the transport of such a medicine.

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## HOW TO TRANSPORT CONTROLLED MEDICINES CORRECTLY?

The document issued by the authority refers to a specific number of daily doses, not the entire package of the medicine. Depending on the number of doses and how the immediate packaging of the medicine is described (e.g. blister pack), it is also worth taking the original outer packaging (e.g. cardboard box) and the leaflet with you. This will make it easier for customs services to identify the medicinal product. The rigid box also protects medicines against damage.

You do not have to carry medicines in your hand luggage, but it is recommended. Remember that every medicine must be stored at the correct temperature. The temperature in the aircraft's luggage compartment may fall below zero, which may adversely affect the properties of the medicine. If you travel by coach or car, air conditioning only works in the passenger area. The temperature in the luggage compartment or boot may be too high to ensure proper conditions for transporting medicines.



Protect your medicines from:

- sunlight,
- moisture,
- excessively high or low temperature.



Transport medicines safely, so that no unauthorised persons have access to them. Do not share your medicines with others, even if they have similar symptoms. What helps you may be dangerous for someone else.



# CHIEF PHARMACEUTICAL INSPECTORATE

## UL. SENATORSKA 12

## 00-082 WARSZAWA

[www.gov.pl/web/gif](http://www.gov.pl/web/gif)  
administrative office telephone: 22 635 99 66  
fax: 22 831 02 44  
e-mail: gif@gif.gov.pl  
goffice hours: 8.15 a.m. – 4.15 p.m.

electronic delivery address: AE:PL-41413-98175-HHEAF-19

GENERAL MATTERS

LETTERS TO THE AUTHORITY

GENERAL LETTER TO A PUBLIC ENTITY

### Voivodeship Pharmaceutical Inspectorate in Białystok

ul. Kombatantów 4  
15-110 Białystok

[wif.bip.gov.pl](http://wif.bip.gov.pl)  
tel.: 85 662 37 36  
fax: 85 662 37 26  
e-mail: [inspektorat@bialystok.wif.gov.pl](mailto:inspektorat@bialystok.wif.gov.pl)

### Voivodeship Pharmaceutical Inspectorate in Bydgoszcz

ul. Konarskiego 1-3  
85-066 Bydgoszcz

[www.farmacja-bydgoszcz.pl](http://www.farmacja-bydgoszcz.pl)  
tel.: 52 320 61 80  
tel./fax: 52 322 58 96  
e-mail: [wif@farmacja-bydgoszcz.pl](mailto:wif@farmacja-bydgoszcz.pl)

### Voivodeship Pharmaceutical Inspectorate in Gdańsk

ul. Na Stoku 50  
80-874 Gdańsk  
[www.wiif.nowybip.pl](http://www.wiif.nowybip.pl)

tel.: 58 300 00 92  
tel.: 58 300 00 93  
fax: 58 320 28 58  
e-mail: [sekretariat@wiif.gdansk.pl](mailto:sekretariat@wiif.gdansk.pl)

### Voivodeship Pharmaceutical Inspectorate in Gorzów Wielkopolski

ul. Kazimierza Jagiellończyka 4  
66-400 Gorzów Wielkopolski  
[www.farmacjagorzow.bip.gov.pl](http://www.farmacjagorzow.bip.gov.pl)

tel. 694 461 997  
e-mail: [sekretariat@farmacja-gorzow.pl](mailto:sekretariat@farmacja-gorzow.pl)

### Voivodeship Pharmaceutical Inspectorate in Katowice

ul. Raciborska 15  
40-074 Katowice

[www.wif.katowice.pl](http://www.wif.katowice.pl)  
tel.: 32 208 74 68  
tel.: 32 208 74 75  
fax: 32 208 74 69  
e-mail: [sekretariat@wif.katowice.pl](mailto:sekretariat@wif.katowice.pl)

### Voivodeship Pharmaceutical Inspectorate in Kielce

Al. IX Wieków Kielc 3  
25-516 Kielce

[www.wifkielce.stronabip.pl](http://www.wifkielce.stronabip.pl)  
tel.: 41 345 18 35  
fax: 41 345 29 45  
e-mail: [sekretariat@kielce.wif.gov.pl](mailto:sekretariat@kielce.wif.gov.pl)

**Voivodeship Pharmaceutical Inspectorate in**

**Krakow**

pl. Szczepański 5  
31-011 Kraków

[www.wif.malopolska.pl](http://www.wif.malopolska.pl)

tel.: 12 422 75 41

tel.: 12 422 75 43

fax: 12 422 75 52

e-mail: [sekretariat@wif.malopolska.pl](mailto:sekretariat@wif.malopolska.pl)

**Voivodeship Pharmaceutical Inspectorate in**

**Lublin**

ul. Lubomelska 1/3  
20-074 Lublin

[www.bip.wif.lublin.pl](http://www.bip.wif.lublin.pl)

tel.: 81 532 22 18

tel./fax: 81 532 22 19 w.30

e-mail: [wif@wif.lublin.pl](mailto:wif@wif.lublin.pl)

**Voivodeship Pharmaceutical Inspectorate in**

**Łódź**

ul. Fabryczna 25  
90-341 Łódź

[www.lwif.pl](http://www.lwif.pl)

tel.: 42 630 21 71

tel.: 42 630 21 79

fax: 42 630 25 14

e-mail: [sekretariat@lwif.pl](mailto:sekretariat@lwif.pl)

**Voivodeship Pharmaceutical Inspectorate in**

**Olsztyn**

ul. 1 Maja 13, 13A, 13B, lok. 104  
10-117 Olsztyn

[www.wif-olsztyn.bip.gov.pl](http://www.wif-olsztyn.bip.gov.pl)

tel.: 89 519 04 29

fax: 89 533 29 99

e-mail: [wif@wif-olsztyn.pl](mailto:wif@wif-olsztyn.pl)

**Voivodeship Pharmaceutical Inspectorate in**

**Opole**

ul. Plebiscytowa 5  
45-359 Opole

[www.owif.bip.gov.pl](http://www.owif.bip.gov.pl)

tel.: 77 453 98 24

tel./fax: 77 456 57 35

e-mail: [sekretariat@opole.wif.gov.pl](mailto:sekretariat@opole.wif.gov.pl)

**Voivodeship Pharmaceutical Inspectorate in**

**Poznań**

Plac Marii Skłodowskiej-Curie 5  
60-965 Poznań

[www.bip.poznan.wif.gov.pl](http://www.bip.poznan.wif.gov.pl)

tel.: 61 875 95 75

fax: 61 875 95 87

e-mail: [sekretariat@poznan.wif.gov.pl](mailto:sekretariat@poznan.wif.gov.pl)

**Voivodeship Pharmaceutical Inspectorate in**

**Rzeszów**

ul. Warszawska 12a  
35-205 Rzeszów

[www.bip.rzeszow.wif.gov.pl](http://www.bip.rzeszow.wif.gov.pl)

tel.: 17 862 05 45

fax: 17 862 04 06

e-mail: [biuro@rzeszow.wif.gov.pl](mailto:biuro@rzeszow.wif.gov.pl)

**Voivodeship Pharmaceutical Inspectorate in**

**Szczecin**

ul. Juliana Ursyna Niemcewicza 26  
71-520 Szczecin

[www.wif-szczecin.bip.gov.pl](http://www.wif-szczecin.bip.gov.pl)

tel.: 91 421 07 70

fax: 91 421 04 80

e-mail: [wif@wif.szczecin.pl](mailto:wif@wif.szczecin.pl)

**Voivodeship Pharmaceutical Inspectorate in**

**Wrocław**

ul. Ofiar Oświęcimskich 12  
50-069 Wrocław

[www.wif.wroclaw.pl](http://www.wif.wroclaw.pl)

tel.: 71 715 85 00

fax: 71 715 85 01

e-mail: [sekretariat@wif.wroclaw.pl](mailto:sekretariat@wif.wroclaw.pl)

**Voivodeship Pharmaceutical Inspectorate in**

**Warsaw**

ul. Floriańska 10  
03-707 Warszawa

[www.wif.waw.pl](http://www.wif.waw.pl)

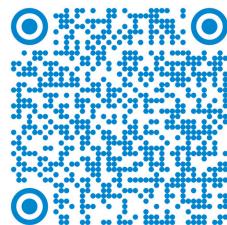
tel./fax: 22 629 52 53

tel.: 22 628 28 60

tel.: 22 628 24 09

e-mail: [wif@wif.waw.pl](mailto:wif@wif.waw.pl)

The suggested template for an application to the Chief Pharmaceutical Inspector can be found below. You can also download it using **the QR code**. The application consists of two pages. The first page mainly contains patient details and only needs to be completed once. The second page contains information about the medicine and must be completed separately for each medicinal product applied for.



**Wniosek o dokument umożliwiający przywóz lub wywóz środków odurzających, substancji psychotropowych lub prekursorów kat. 1 na własne potrzeby lecznicze**

**Application for document allowing import and export of narcotic drugs, psychotropic substances or category 1 precursors for own medical purpose**

**Podstawowe dane pacjenta:**

*Basic patient information:*

Imię i nazwisko: <i>First and last name:</i>	
Nr paszportu lub innego dokumentu tożsamości: <i>No. of passport or other identification document:</i>	
Miejsce urodzenia: <i>Place of birth:</i>	
Data urodzenia: <i>Date of birth:</i>	
Obywatelstwo: <i>Nationality:</i>	
Płeć: <i>Sex:</i>	
Adres zamieszkania: <i>Home address:</i>	
Liczba dni podróży: <i>Duration of travel in days:</i>	
Zakres dat podróży: <i>Planned travel date range:</i>	
Kraj podróży: <i>Destination:</i>	

**Dane kontaktowe (opcjonalne, mogą być pomocne w wypadku potrzeby kontaktu w razie wątpliwości z wnioskiem):**

*Contact info (optional, helpful in case contact is required because of some problems with application)*

Adres korespondencyjny (jeśli inny od adresu zamieszkania): <i>Return address (if different than home address):</i>	
Numer telefonu: <i>Phone number:</i>	
Adres e-mail: <i>E-mail address:</i>	

**Data (Date)**

**Podpis (Signature)**

**Przepisany środek odurzający, substancja psychotropowa lub prekursor kategorii 1  
(w wypadku więcej niż jednego produktu lub przewozu kilku różnych dawek  
tego samego produktu wypełnić oddzielnie dla każdego produktu)**

*Prescribed narcotic drug, psychotropic substance or category 1 precursor (in case of travel with more than one medical product or different dosages of same product, copy for each product should be filled separately)*

<b>Nazwa handlowa produktu lub receptura specjalna: <i>Trade name or special preparation:</i></b>	
<b>Sposób dawkowania (ilość przyjmowanego produktu zgodna z receptą lub zaświadczeniem lekarskim): <i>Dosage form (Amount of daily dosage of product, confirmed via prescription or doctor notice):</i></b>	
<b>Nazwa międzynarodowa substancji czynnej: <i>International name of active substance:</i></b>	
<b>Stężenie substancji czynnej (ilość substancji czynnej w jednostkowej dawce produkту tj. tabletki, 1 gram lub 1 ml produktu): <i>Concentration of active substance (amount of active substance in single unit of product, such as capsule or 1 ml of solution):</i></b>	
<b>Całkowita ilość przewożonego produktu (ilość tabletek/gramach/ml produktu wynikająca z dziennego dawkowania oraz ilości dni podróży): <i>Total amount of taken product (total amount of capsules/grams/ml of products taken on travel, based on daily intake and number of travel days):</i></b>	
<b>Całkowita zawartość substancji czynnej (całkowita ilość przewożonego produktu pomnożona przez stężenie substancji czynnej): <i>Total quantity of active substance (Total amount of taken product multiplied by concentration of active substance):</i></b>	

**Dodatkowe uwagi do wniosku:**

*Additional remarks to application:*

Based on your application, you will receive the completed document below from GIF. The document issued by the GIF consists of one page. The Chief Pharmaceutical Inspector issues it only as paper copy. Upon request, you can also receive a scan of the document to the e-mail address provided. However, please note that such a scan is for information purposes only; does not replace the original and does not entitle you to transport medicines containing controlled substances for your own medical needs.

RZECZPOSPOLITA POLSKA  
(REPUBLIC OF POLAND)

**DOKUMENT UMOŻLIWIJĄCY PRZEWÓZ LUB WYWÓZ  
ŚRODKÓW ODURZAJĄCYCH, SUBSTANCJI  
PSYCHOTROPOWYCH LUB PREKURSORÓW KATEGORII  
1 NA WŁASNE POTRZEBY LECZNICZE**  
(*DOCUMENT OF CARRIAGE DRUGS, PSYCHOTROPIC  
SUBSTANCES AND/OR PRECURSORS CATEGORY 1 FOR THE  
PURPOSE OF MEDICAL TREATMENT*)

NR (NO.):

Nazwisko i imię  
(*Name, first name*)

Nr paszportu lub innego dokumentu tożsamości  
(*No of passport or other identification document*)

Miejsce urodzenia  
(*Place of birth*)

Data urodzenia  
(*Date of birth*)

Obywatelstwo  
(*Nationality*)

Płeć  
(*Sex*)

Adres (*Address*)

Liczba dni podróży  
(*Duration of travel in days*)

Cel podróży (*Destination*)

**PRZEPISANY ŚRODEK ODURZAJĄCY, SUBSTANCJA PSYCHOTROPOWA LUB PREKURSOR KATEGORII 1**  
(*Controlled substances and/or preparations to be imported and description*)

Nazwa handlowa lub receptura specjalna  
(*Trade name or special preparation*)

Sposób dawkowania  
(*Dosage form*)

Nazwa międzynarodowa substancji czynnej  
(*International name of active substance*)

Stężenie substancji czynnej  
(*Concentration of active substance*)

Całkowita zawartość substancji czynnej  
(*Total quantity of active substance*)

Uwagi (*Remarks*)

**ORGAN WYSTAWIAJĄCY**  
(*ISSUING AUTHORITY*)

Nazwisko i imię (*Name, first name*)

Adres (*Address*)

Telefon

(Pieczęć służbową)

(Podpis)

## - APPLICATION TO WIF -

In the case of voivodeship pharmaceutical inspectorates, the procedures for issuing the document may vary between offices. Therefore, make sure you know exactly what documents are required before submitting your application.

The voivodeship pharmaceutical inspector often only authenticates the document issued by the doctor. It means that you must submit two copies of the form below to the office, with sections A, B and C of the application completed by your doctor. It is important for the doctor to place their stamp with a visible licence number in field (3) and sign in field (4). The authority will authenticate the documents by filling in section D. One copy will be kept in the authority's archives, and the other will be given to you.

If the voivodeship pharmaceutical inspector issues the document independently, they may ask you to provide additional documents, such as a cover letter with your details or a certificate from your doctor, in addition to the prescription.

The document issued by the WIF is double-sided. The second page has sections in English and French.

DOKUMENT UMOŻLIWIJĄCY WEWNATRZWSPÓŁNOTOWĄ DOSTAWĘ LUB WEWNATRZWSPÓŁNOTOWE NABYCIE ŚRODKÓW ODURZAJĄCYCH LUB SUBSTANCIJ PSYCHOTROPOWYCH NA WŁASNE POTRZEBY LECZNICZE

 <b>Rzeczypospolita Polska</b>		....., dnia.....	(1)
(Kraj)	(Miejscowość)	(Data)	
<b>A. LEKARZ ORDYNUJĄCY:</b>			
(Nazwisko)	(Imię)	(Telefon)	(2)
(Adres)			
W przypadku wystawienia przez lekarza: (Pieczętka lekarza) (Podpis lekarza) (4)			
<b>B. PACJENT:</b>			
(Nazwisko)	(Imię)	(Nr paszportu lub innego dokumentu tożsamości)	(6)
(Miejsce urodzenia)	(7)		
(Obywatelstwo)	(Płeć)	(Data urodzenia)	(8)
(Adres)			
(Liczba dni podróży)	(Okres ważności zezwolenia – maksymalnie 30 dni)		
<b>C. LEK PRZEPISANY:</b>			
(Nazwa handlowa lub receptura specjalna)	(14)	(Sposób dawkowania)	(15)
(Nazwa międzynarodowa substancji czynnej)	(16)	(Stężenie substancji czynnej)	(17)
(Sposób zażywania)	(18)	(Calkowita zawartość substancji czynnej)	(19)
(Okres ważności recepty – maksymalnie 30 dni)			
(20)			
(Uwagi)			
<b>D. ORGAN WYSTAWIAJĄCY/UWIERZYTELNIAJĄCY (niepotrzebne skreślić)</b>			
(Nazwisko)	(22)		
(Adres)	(Telefon)		
(Pieczęć służbową)	(Podpis)		

→ **A. doctor's data**

→ **B. patient's data**

→ **C. medication information**

→ **D. the part filled in by the authority**

Scan the QR code to download the full document.



DOKUMENT UMOŻLIWIJĄCY WEWNĄTRZWSPOŁNOTOWĄ DOSTAWĘ LUB WEWNĄTRZWSPOŁNOTOWE NABYCIE ŚRODKÓW  
ODURZAJĄCYCH LUB SUBSTANCJI PSYCHOTROPOWYCH NA WŁASNE POTRZEBY LECZNICZE



**Rzeczpospolita Polska**

....., dnia.....

(Kraj)

(Miejscowość)

(Data)

**A. LEKARZ ORDYNUJĄCY:**

(Nazwisko) (Imię) (Telefon) (2)

(Adres) (3)

W przypadku wystawienia przez lekarza: (Pieczętka lekarza) (Podpis lekarza) (4)

**B. PACJENT:**

(Nazwisko) (Imię) (Nr paszportu lub innego dokumentu tożsamości) (5) (6)

(Miejsce urodzenia) (Data urodzenia) (7) (8)

(Obywatelstwo) (Płeć) (9) (10)

(Adres) (11)

(Liczba dni podróży) (Okres ważności zezwolenia – maksymalnie 30 dni) (12) (13)

**C. LEK PRZEPISANY:**

(Nazwa handlowa lub receptura specjalna) (14) (Sposób dawkowania) (15)

(Nazwa międzynarodowa substancji czynnej) (16) (Stężenie substancji czynnej) (17)

(Sposób zażywania) (Calkowita zawartość substancji czynnej) (18) (19)

(Okres ważności recepty – maksymalnie 30 dni) (20)

(Uwagi) (21)

**D. ORGAN WYSTAWIAJĄCY/UWIERZYTELNIJĄCY (niepotrzebne skreślić)**

(Nazwisko) (22)

(Adres) (Telefon) (23)

(Pieczęć służbową) (Podpis) (24)

Certification to carry drugs and/or psychotropic substances for the purpose of medical treatment – Article 75 of the Schengen Convention		Certificat pour le transport de stupéfiants et/ou de substances psychotropes à des fins thérapeutiques – Article 75 de la Convention d'application de l'Accord de Schengen
(1)	Country, town, date	pays, délivré à, date
<b>A.</b>	Prescribing doctor	Médecin prescripteur
(2)	Name, first name, phone	nom, prénom, téléphone
(3)	Address	adresse
(4)	Where issued by doctor:  doctor's stamp and signature	en cas de délivrance par un médecin:  cachet, signature du médecin
<b>B.</b>	Patient	Patient
(5)	Name, first name	nom, prénom
(6)	No of passport or other identification document	no du passeport ou du document d'identité
(7)	Place of birth	lieu de naissance
(8)	Date of birth	date de naissance
(9)	Nationality	nationalité
(10)	Sex	sexe
(11)	Address	adresse
(12)	Duration of travel in days	durée du voyage en jours
(13)	Validity of authorisation from/to – maximum 30 days	durée de validité de l'autorisation du/au – max. 30 jours
<b>C.</b>	Prescribed drug	Médicament prescrit
(14)	Trade name or special preparation	nom commercial ou préparation spéciale
(15)	Dosage form	forme pharmaceutique
(16)	International name of active substance	dénomination internationale de la substance active
(17)	Concentration of active substance	concentration de la substance active
(18)	Instructions for use	mode d'emploi
(19)	Total quantity of active substance	quantité totale de la substance active
(20)	Duration of prescription in days – maximum 30 days	durée de la prescription, en jours – max. 30 jours
(21)	Remarks	remarques
<b>D.</b>	Issuing/accrediting authority  (delegate nr applying)	Autorité qui délivre/authentifie  (biffer ce qui ne convient pas)
(22)	Expression	désignation
(23)	Address, tel	adresse, téléphone
(24)	Authority's stamp and signature	sceau, signature de l'autorité



[www.gov.pl/gif](http://www.gov.pl/gif)