

Certification

Being the attending doctor of the following person

Mrs/Mr

Last Name:

First Name:

Date of Birth

Street:

ZIP/City/Country:

I issue a certificate that she/he is

- Dialysis patient (Shunt left / right)
- Organ engrafted (kidney, heart, liver, lung)
- Diabetic

Therefore it is necessary that the patient applies regularly the following **essential medicine**:

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Remark:

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The above mentioned medicine needs to be applied regularly or in short intervals or/and when necessary. In case of diabetes the persons needs to carry injections to regulate the blood glucose level. It is essential for the patient to carry these medicine e.g. during airline travel, in their hand in a sufficient amount (in line with travel duration but no less than for three days)

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City, Date

.....
Doctor's seal, Signature