

# 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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.....  
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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).

.....  
City, Date

.....  
Doctor's seal, Signature