

Name und Adresse des Arztes/ Doctor's name and address Ort und Datum/ Place and date

To whom it may concern

This is to certify that

Mrs./Mr.

.....

born on

is an insulin-dependent diabetic patient.

The patient has to carry a small pump that delivers insulin via a thin catheter subcutaneously.

In addition to this pump the patient has to have syringes, needles, insulin vials, blood glucose monitoring devices and test strips in his luggage.

Lack of access to these things would threaten the patient's life within a short period of time, and therefore permanent access is necessary.

Name und Unterschrift des Arztes/
Doctor's name and signature