Svenska
Diabetesförbundet

Swedish Diabetes Association
www.diabetes.se

Medical Certificate

This is to certify that

Mr/Ms_____

Date of birth_____
has DIABETES MELLITUS.

He/She is taking insulin injections and has to carry insulin cartridges or vial, insulin pens/syringes/insulin pump, needles, blood glucose meter and glucagon vials with him/her into the aircraft cabin.

Place and date

_____

Name of doctor_____

Signature_____

Institution and address_____

_____

Phone_____Fax_____

E-mail_____

Insulin dose

Time	Insulin type	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____