

# Medical Certificate

This is to certify that Mr \_\_\_\_\_, date of birth \_\_\_\_\_, has **DIABETES MELLITUS (Type 1 Diabetes)**.

He / She is taking **insulin injections / GLP-1 analog injections / oral medication** 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.

He / She has **type 1 diabetes** and he/she needs **a carbohydrate snack / drink** with him/her into the aircraft cabin.

Place and date	
Name of doctor	
Signature	
Institution and address	
Phone	
E-mail	

Insulin type	Time	Units

Medical devices	Other medication