

TRAVEL CERTIFICATE DIABETES

To whom it may concern

I hereby certify that _____

is diagnosed with insulin dependent diabetes and therefore always needs to carry a supply of insulin and other necessary medical equipment, for example:

Insulin Delivery	Glucose Monitoring
Omnipod pods - package includes syringe and needle	Dexcom Sensors
Omnipod Personal Diabetes Manager (and extra PDM)	Dexcom transmitter
Insulin pens and/or insulin cartridges	Dexcom Receiver/smartphone
Extra Insulin pen and needles	Blood glucose/ketone meter and test strips
Treatment for low blood glucose (for example dextrose, glucagon)	Lancing device and needles for blood sugar measurement
Other diabetes supplies	

Sincerely

Signature

Date

Health Care Provider name and title

Health Care Provider / Clinic Full Address, City and Country