

# 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:

<b>Insulin Delivery</b>	<b>Glucose Monitoring</b>
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