

## Medical Certificate

This is to certify that

Mr / Ms \_\_\_\_\_

Date of birth \_\_\_\_\_ has DIABETES MELLITUS.

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 / Continuous Glucose Monitoring System (CGM) / Flash Glucose Monitoring System (FGM) 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

Time	Insulin type	Units
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**Medical device:**

**Other medication:**

