

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: