

# Medical certificate - diabetes

To be filled in by care staff

\_\_\_\_\_  
Name

\_\_\_\_\_ has diabetes mellitus.  
Date of birth

He/she is taking insulin injections 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.

## Daily insulin dose

Insulin type

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that this information is correct:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Place and date

\_\_\_\_\_  
Clarification of signature

\_\_\_\_\_  
Profession

\_\_\_\_\_  
Institution and address

\_\_\_\_\_  
Phone



Swedish  
Diabetes Association

[www.diabetes.se](http://www.diabetes.se)