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.

Daily insulin dose

Insulin type

I certify that this information is correct:

Signature

Place and date

Clarification of signature

Profession

Institution and address

Phone

Svenska Diabetesförbundet