

DOCTOR'S INFORMATION (1)

Name _____

Contact information _____

PATIENT INFORMATION (2)

Name _____ Surname _____ Date of Birth _____

Nationality _____ Passport or ID number _____

To whom it may concern,

The above patient has diabetes and needs to carry his/her diabetes supplies with him/her at all times. This include the following items:

(3)

The following items should not pass through X-ray machines, nor 360 full body scanners. Their electronic components could be deteriorated by such machines:

(4)

Please, if necessary, proceed to a regular pat down search or a hand-check instead.

The patient must also have access to **fast-acting carbohydrates** (e.g. glucose tablets, sugar-containing drinks, and other sources of carbohydrate such as snack bars).

If there are questions about the care of this patient, please feel free to call my office.

Thank you in advance for your understanding and cooperation.

Sincerely,

Date _____

Signature _____

Stamp _____

NOTICE INFORMATION FOR YOUR DOCTOR:

(3)

List ALL the medical supplies that your patient needs to carry with her/him at any time. Please, for each of them, precise the brand name. This includes, if relevant:

- Insulin (vials, pens, or cartridges)
- Insulin pump and infusion set
- Needles
- Syringes
- Medication (tablets)
- Blood glucose meter and accessories (test strips)
- Lancing device (and lancets)
- Continuous glucose monitoring systems
- Ketone test strips
- Glucagon Emergency kit(s)

(4)

The following diabetes supplies SHOULD NOT go through the X-ray machines nor the 360 full body scanners at airport security without risking deterioration. List and include the brand name of such devices, if relevant to your patient:

- Insulin pump
- Continuous glucose monitoring sensors