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Date:

CERTIFICATE

Mr/Mrs _____ has diabetes mellitus.

It is necessary for him/her to take medication and monitor his/her blood glucose daily.

When traveling he/she must carry:

- Oral diabetes medications
- Insulin
- Insulin syringes
- Insulin pen(s) and needles
- Insulin pump, catheters and needles
- Glucagon kit
- Other device _____
- Blood glucose meter with test strips, lancing device and lancets.

If you have any questions regarding his/her diabetes care or the supplies he/she carries with him/her,

Sincerely yours,
(Provider's signature)

Health care provider's name

Address

Phone: