



MEDICAL CERTIFICATE

This is to certify that

Mr / Ms _____

Born _____

has DIABETES MELLITUS

He/She is taking insulin injections and has to carry insulin and may have glucagon vial, syringes, needles, insulin pens or insulin pump for the treatment, and a reflectometer for blood glucose measurement.

Place and date _____ / _____

Name of doctor _____

Signature _____

Institution and address _____

Phone _____

Fax _____

Insulin dose

Time

Insulin type

Units

Other medication

Vaccinations

Date

Tetanus

Polio

Yellow fever

Salmonellosis

Gammaglobulin

Malaria prophylaxy:

Other:

