

NOME DEL CENTRO _____

DATA _____

To whom it may concern.

This is to certify that Miss/Mister

_____ is affected by insulin-dependent diabetes and requires several insulin injections per day.

This treatment must not under any circumstances be interrupted.

Therefore, she must carry all necessary treatment tools with her at all times and particularly: insulin vial or cartridge, insulin 'pen' or syringes, needles, blood glucose meter with test strips, finger prickers and lancets.

The endocrinologist/diabetologist
