



OSTOMY TRAVEL CERTIFICATE

ENGLISH

Please complete in BLOCK CAPITALS

Name: Doctor/Nurse Name:

Address: Surgery Address:

.....

.....

Passport No:

Signature: Signature:

Date: Date:

To whom it may concern

This is to certify that the certificate holder named has had a surgical operation which makes it necessary for him/her to wear a bag attached to their abdomen. This bag is to collect excretion from the bowel or bladder and must be worn at all times. Do not examine or remove this bag unless a qualified medical practitioner is present. Unqualified interference with the bag may cause leakage, and great discomfort and embarrassment to the wearer. The bag may be supported by a belt; if so, this may have metal parts that register on a metal detector.

NB: Should there be need to examine the appliance, a qualified medical practitioner must be present – please assist the certificate holder if this is necessary.

The certificate holder will be carrying medical supplies in hand luggage – this includes extra appliances. It is essential that these remain intact and within the possession of the certificate holder at all times.

Please be sympathetic to the card holder and allow him/her speedy progress. Thank you for your assistance.