

## TRAVEL AND MEDICAL SUPPLIES CERTIFICATE

### Identification:

name:

address:

number identity card of international passport:

### Medical products and aids (check boxes below)

- Ostomy supplies
- Care products
- Catheters
- Anal plugs
- Ostomy irrigation pump
- Others: .....

I, the undersigned, Dr. ...., declare that the person/patient mentioned above needs the medical products and aids checked above for health care reasons.

As these are essential medical products and aids, I politely request that these products and aids are under no circumstances taken from the person/patient.

I thank you for your understanding and permission.

Place, date:

Place, date:

Signature

Signature doctor

Stamp doctor + RIZIV number