

To whom it may concern

THIS IS TO CERTIFY THAT the person named in the certificate has had a surgical operation which makes it necessary for him/her to wear, at all times, an appliance (bag) attached to his/her abdomen for the collection of body wastes from either bowel or bladder.

If it is necessary to examine any part of the body appliance, **a qualified medical practitioner or registered nurse should be present**, as any interference may cause leakage and great discomfort to the wearer. The appliance may be supported by a belt; if so, this may have metal parts which might register with security metal detectors.

This person will have equipment necessary for the duration of his/her travel which may be dispersed through the entire luggage, to avoid total loss of equipment. In addition, items such as scissors, forceps, clamps, may also be carried. It is essential that these supplies of equipment remain intact and are not mislaid.

Bearer details

(please print clearly)

Name

Address

Passport number

Signature

Doctor's Name

Address

Doctor's Signature

Date / /

