

TRAVEL CERTIFICATE

NAME: _____
(Block Capitals Please)

ADDRESS: _____

PASSPORT NO.: _____

Date: _____

NAME OF DOCTOR: _____

ADDRESS: _____

Signature: _____

Date: _____

To Whom It May Concern:

This is to certify that the person named on this certificate has had a surgical operation which makes it necessary for him/her to wear at all times, a bag attached to the abdomen to collect excretion from the bowel or bladder. If it is necessary to examine this bag, a qualified medical practitioner should be present, because any interference 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 which register on a metal detector. The owner of this certificate may also be carrying an emergency supply pack consisting of spare bags, surgical dressings, etc., in addition to his/her main luggage. It is essential that these emergency supplies remain intact and are not mislaid.