

Medical Note for Travel

Thank you for your cooperation,

Practice (stamp)

(Doctor's signature)

Medical Note for Travel

For:

First name and surname:

Street:

Post code/City:

Medical Note for Travel

Dear Sir/Madam,

The above patient who has the **blood disorder**:

Haemophilia A **Haemophilia B** or

von Willebrand disease

needs medication to control bleeding, without which he/she cannot travel.

The patient must carry **sufficient drugs for self-infusion as well as an emergency supply**. Since some or all of these drugs are administered intravenously or subcutaneously, **hypodermic needles** and other consumables must also be carried.

Inadvertent seizure of medications can endanger the patient's life.

The condition has no effect on the patient's ability to fly.