

# CUSTOMS CERTIFICATE

*for medication*

**GB**

## To whom it may concern,

The following patient has haemophilia and can only control his/her bleeding with the help of factor concentrates.

Mr/Ms

Patient name

who has

e.g. Haemophilia A or B

is travelling to

The above-named person cannot start his/her journey without taking factor concentrates. He/She is carrying sufficient medication for autoinfusion and additional quantities for emergencies.

Accidental confiscation/seizure of the factor concentrates could put the life of the above-named person at risk because this medication is essential for him/her.

Thank you for your co-operation.

Yours sincerely

Signature, name and title of the attending physician

# MEDICAL CERTIFICATE

*for presentation to the authorities*

**GB**

Mr/Ms

Is suffering from the blood disease called:

i.e. a clotting factor deficit.

I know the patient personally. In case of bleeding he/she responds well to prompt autoinfusions of factor concentrates. Preferably of:

Name of the concentrate

You can safely follow the instructions given by Mr/Ms

Name of the patient

concerning when and what quantity of factor concentrates are to be administered.

Yours sincerely

Signature, name and title of the attending physician