



TRAVEL CERTIFICATE

To Whom It May Concern:

This is to certify that the person named here-in has had a surgical operation which makes it necessary for him/her to wear **at all times**, a wafer and pouch attached to the abdomen to collect excretion from the bowel or bladder.

If it is necessary to examine this pouch, **a qualified medical practitioner should be present**, because any interference may cause leakage and great discomfort and embarrassment to the wearer.

The pouch may be supported by a belt; if so, this may have metal parts which register a metal detector

The owner of this certificate may also be carrying an emergency supply pack consisting of spare pouches, paste, surgical dressings, etc., in addition to his/her main luggage.

It is **essential** that these emergency supplies remain intact and are **not** mislaid.

Patient Information

Name: _____
(Print in Block Capital Letters)

Address: _____

Signature: _____ Date: _____

Provider Information

Physician: _____
(Print in Block Capital Letters)

Address: _____

Signature: _____ Date: _____

WOC/ET
Nurse: _____
(Print in Block Capital Letters)

Signature: _____ Date: _____