

# Medical certificate for carrying of medication and utensils

Patient's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**This is to certify that the above named person carries the following medications and utensils, which are for personal use in the treatment of the medical conditions mentioned.**

<b>Medical condition(s):</b>	<b>Medication(s) (generic names) and utensils</b>
_____	_____
_____	_____
_____	_____
_____	_____

**Syringes:** \_\_\_\_\_ **Needles:** \_\_\_\_\_  
**Other utensils:**

**Date** \_\_\_\_\_ **Official stamp**

**Physician's signature:**  
\_\_\_\_\_