

Prescribed Medication

Doctor's Signature

Date / /

This certificate has been produced by the:
Federation of New Zealand Ostomy Societies Inc
15 Totara Place, Highfield, Timaru 7910,
New Zealand

For the benefit of travelling Ostomates

04/11/2016

New Zealand

Ostomate

Travel Certificate



To whom it may concern

THIS IS TO CERTIFY THAT the person named in this certificate has had a surgical operation which makes it necessary for him/her to wear, at all times, an appliance (bag) attached to his/her abdomen for the collection of body wastes from either bowel or bladder

If it is necessary to examine any part of the body appliance, **a qualified medical practitioner or registered nurse** should be present, as any interference may cause leakage and great discomfort to the wearer. The appliance may be supported by a belt; if so, this may have metal parts which might register with security metal detectors.

The person will have equipment necessary for the duration of his/her travel which may be dispersed through the entire luggage to avoid total loss of equipment. In addition items such as scissors, forceps, clamps may also be carried. It is essential that these supplies of equipment remain intact and are not mislaid

Bearer details

(please print clearly)

Name

Address

Passport number

Signature

Doctor's Name

Address

Doctor's signature

Date