**[Doctor's Name]**  
[Clinic or Hospital Name]  
[Address]  
[City, State, ZIP Code]  
[Phone Number]  
[Email Address]

**Date:** [Insert Date]

**To Whom It May Concern,**

This is to certify that my patient, **[Patient’s Full Name]**, is diagnosed with **diabetes mellitus**. For his scheduled air trip on (date), I strongly advise him to carry a glucometer and the prescribed medications in his carry-on luggage.

The patient must carry the following items:

* Insulin and/or other diabetes medications
* Blood glucose meter and test strips
* Continuous Glucose Monitor (CGM) and/or insulin pump
* Sharps such as syringes, pen needles, or lancets
* Glucose tablets or snacks to prevent/treat hypoglycemia

All of these items are medically necessary and must remain with the patient at all times, including through airport security and during flight.

Kindly allow XYZ to carry these medicines without restriction. I have attached copies of his medical reports for verification. You can contact me at (phone number) for more information.

Thank you for being so understanding.

Sincerely,  
**[Doctor’s Signature]**  
**[Doctor’s Printed Name]**  
**[Medical License Number]**