

Certificate

Bilaga 2

This is to certify that
name

born
month-date-year

Adress.....

has diabetes mellitus and is in daily need of insulin injections and consequently brings syringes and hypodermic needles for single use.

.....
date of certificate (month-date-year)

.....
As certified by (namne, title)

Adress and Tel (+46).....