

MEDICATION REQUIREMENT LETTER

Name_____

Destinat_____

Date_____

The traveller named above is my patient and my medical care and requires the following prescription medication while travelling. These medications are required for the following medical conditions:

- ☐ Malaria prevention
- ☐ Diarrhea
- ☐ Allergy
- ☐ Diabetes
- ☐ Other

Best regards, Sincerely,

Dott. _____
(Timbro e firma)