

**CERTIFICATO PER PORTARE CON SE' PRODOTTI DI
MEDICAZIONE E SIRINGHE MONOUSO**

Name_____

Destination_____

Date_____

I, _____, MD, certify, that

Mr, Mrs, Miss_____

Carries with him/her a medical Kit that includes syringes and needles to be used by a doctor during his/her trip in case of emergency.

These are recommender for personal use only the avoid the risk of accidental transmission of infectious diseases.

They are not to be sold.

Best regards, Sincerely,

Dott._____
(timbro e firma del medico)