

Personal No_____

Name_____

Address_____

Certificate

This is to certify that above mentioned patient suffers from a disease treated by respiratory support during sleep. This treatment is delivered by a CPAP-equipment, consisting of an electrically driven air pump with tubing and a nasal mask.

It is of vital importance that the patient uses this equipment regularly. We therefore ask everyone to handle it with utmost care as the nasal mask and other details are fragile.

The CPAP and its accessories are classified as medical aid of life sustaining importance. Therefore the patient is allowed to travel with them on flight as hand luggage, free of charge and excluded from weight regulations to IATA agreements.

Thank you in advance for your cooperation.

Date

Name

Address and phone No