

Travel Certificate

English

Please complete in BLOCK CAPITALS

Name:

Address:

.....

.....

Passport No:

Signature:

Date:

Doctor/Nurse Name:

Surgery Address:

.....

.....

Signature:

Date:

To whom it may concern

This is to certify that the person named on this certificate has had a surgical operation which makes it necessary for him/her to wear **at all times**, a bag attached to the abdomen to collect excretion from the bowel or kidneys.

If it is necessary to examine this bag it should be done in a private place and a **qualified medical practitioner** should be present, because any interference may cause leakage and great discomfort and embarrassment to the wearer.

The bag may also be supported by a belt. If so, this may have metal parts that might register on a metal detector.

The owner of this certificate may also be carrying an emergency supply pack consisting of spare bags, surgical dressings, scissors, etc. in addition to his/her main luggage.

It is **essential** that these emergency supplies remain intact and are not mislaid.

Useful Contacts:

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HL600/English

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**Produced as a service to people with an
ostomy from Hollister Australia/New Zealand.**

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