

< 薬剤携帯証明書 >

ご関係者の皆様

患者氏名 _____ は、遺伝性血管性浮腫（HAE : Hereditary Angioedema）

の患者であり、渡航先 _____ に、旅行予定です。

旅行中には、発作時に直ちに投与するために

薬剤名 _____ 一般名 _____ の必要な

量を携帯しています。

航空保安検査時などに本薬剤が通過できなかった場合、発作時の対応ができなくなり、

患者の生命に危険が及ぶ可能性があります。

機内への携行をご許可くださいますようお願い申し上げます。

医療機関名 _____

主治医の署名 _____

< Medicine Certificate >

To whom it may concern

Patient's Name _____

Product Name _____ General Name _____

The above named is a person with Hereditary Angioedema. Since an attack of angioedema may occur at any time, he / she carries the medicine with him / her. It is therefore of vital importance that these essential medications are permitted to travel with the bearer as hand luggage.

In no circumstances should the medicine be withheld or placed in the aircraft hold as to do so may cause unnecessary delay in treatment and, additionally, would increase the risk of crisis.

Please take the customer's condition into consideration and give permission for him / her to carry the medicine with him / her as hand luggage. Situations may arise where he / she must inject during the flight.

In anticipation of your cooperation, I am,

Sincerely yours,

Hospital Name _____

Doctor's signature _____