

MEDICAL CERTIFICATE

I, the undersigned Dr. _____, Doctor of Medicine,
certify that the examination of _____ (full name)

Date of birth: _____ Age: _____

reveals the need of taking the following food for special medical purposes (Commission
Directive 1999/21/EC):

I hereby certify that the patient has been under this treatment due to a rare metabolic disease
and has to take the prescribed products daily. It's essential to travel with this exactly amount
which is vital to cover the entire stay in _____ (country).

Date: _____

Doctor's sign: _____

Doctor's Stamp: