

PLEASE COMPLETE THIS FORM CLEARLY IN BLOCK CAPITALS

Please state which language you would like this letter in: (please circle as appropriate)
ENGLISH, SPANISH, FRENCH, ITALIAN, GERMAN, PORTUGUESE, DUTCH, GREEK, CZECH, RUSSIAN, TURKISH

COUNTRY/COUNTRIES TO BE VISITED:.....

DATE OF TRAVEL (please allow at least two weeks notice):

TO WHOM IT MAY CONCERN

Re: (Name):

(Date of Birth):

(Address):

.....**(Tel No):**.....

The above named patient has cystic fibrosis (Mucoviscidosis) which is a lifelong chronic illness that affects the lungs and pancreas. Cystic fibrosis is a genetic disease, inherited from both parents, and is not, therefore, contagious or a risk to other people.

To treat their cystic fibrosis it is essential patients taken medication every day of their lives. Should they not do so their lives would be at risk.

*(Name)..... carries, therefore, the following medication:

BY MOUTH

BY INHALER

Name of drug	Dosage	Name of drug	Dosage

All the above medication has been legally obtained in the United Kingdom and has been prescribed by the patient's doctor (**Name of GP**)

*(Name)..... attends the clinic at

.....tel.....His/her consultant is

*(Name).....also carries a portable "nebuliser" which is a machine used by the patient to inhale drugs directly into the lungs.

* (Name).....Also carries syringes so that the correct dosage of drug can be inserted into the nebuliser. (*please delete as appropriate)

Further information can be obtained from: (If applicable we will complete this section and give the name and address of the relevant CF Centres/Associations of the Country being visited)

PLEASE ENCLOSE A STAMPED SELF ADDRESSED ENVELOPE FOR YOUR LETTER TO BE RETURNED.